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A CLINICAL LECTURE.

GENERAL DROPSY, PROBABLY DUE TO HEPATIC DISEASE; BRIGHT'S DISEASE

ASSOCIATED WITH EPITHELIOMA OF THE NOSE AND PROBABLE EPITHELIOMA OF THE STOMACH.

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DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: To-day I ask your attention to a study of this somewhat complicated case. We have been able to obtain only an imperfect history of this patient. She is 53 years of age, has lately been engaged at housework. She apparently has a good family history, and her general health has been exceptionably good. She was married at the age of twenty-eight, and has had four children, all of whom are living. She has had no miscarriages. The menopause occurred four years ago, at the age of forty-nine. Two years before the menopause occurred, but when it probably was beginning, she commenced to have convulsions, which were sudden, and attended with general convulsive movements and complete unconsciousness, and followed by deep sleep, lasting for some hours. She was able to foretell the approach of these attacks by a feeling of general weakness, which came over her before the occurrence of the paroxysm. These attacks appear to have been epileptoid in character. Before she came to this country she was obliged to work hard in a brick-yard. She has not used alcohol to excess, and there is no history of syphilitic infection. She has had no severe disease, with the exception of an attack of rheumatism a year ago, which lasted several months, affecting chiefly the joints of the left side, the arm being first involved.

The present attack appears to date back ten months, when she began to feel indisposed, complained of loss of weight and failure of flesh and strength. There seems to have been at this time no vomiting, no fever, no pain, and no acute symptoms of any kind. Two months later she noticed swelling of the feet. The œdema rapidly extended, until it became complete anasarca. The urine became somewhat scanty, was passed more frequently than usual, but no change in its appearance was noticed. At the end of two months the swelling began to pass away, but she states positively that she observed that the swelling of the feet would be most marked when she got up in the morning, and that it diminished towards evening. This is a very unusual statement, and quite the reverse of what we ordinarily hear.

Her condition has steadily grown worse, and for the past nine weeks she has been unable to assume the horizontal position, and this, although the general dropsy so far as concerns the face, arms, and even the legs and feet, has greatly subsided. Examining the legs, we find the skin hard, brawny, and infiltrated, presenting the appearances seen after long standing dropsy. On the feet this condition of scleroderma is present in a remarkable degree. It is clear that in addition to the œdema there has been irritation of the skin, with exudation of lymph which has infiltrated the skin and undergone partial organization, and

this has caused induration affecting not only the skin and subcutaneous tissue, but also the deeper tissues, and this has perhaps prevented the œdema from being as marked as it otherwise would have been. In this way the remarkable statement which she has made with reference to the œdema may be explained. At night, the warmth and long repose relaxes the tissues of the leg, permitting a more ready escape of serum from the vessels.

She thinks that she has lost fifty pounds in weight since she began to complain. She presents the worn expression of long suffering.

The abdomen is uniformly distended and its walls are œdematous, particularly at the dependent parts. There is a distinct wave of fluctuation developed on palpating the abdomen. There, however, does not appear to be sufficient ascites to explain the orthopnœa which is present. We find, on examining the chest, that there is effusion in both pleural cavities, on the right side reaching to the angle of the scapula, and on the left to a point two inches below the angle of the scapula. There is no evidence of effusion into the pericardial sac. The cardiac sounds are normal. Owing to the ascites and the pleural effusion, it is impossible to determine the exact limits of the hepatic dulness, but the liver is certainly not enlarged.

During the past twenty-four hours she has passed twelve ounces of high-colored, cloudy urine, depositing a cloudy sediment on standing. It contains a trace of bile and a moderate amount of albumen. The microscope shows bladder and vaginal epithelium, some mucus, a few blood corpuscles, amorphous urates, but no tube-casts. The patient has, however, been under observation but two days, and we have, therefore, been able to examine the urine only a few times.

Here, then, we have a case of long standing dropsy, with dyspnœa, cardiac disturbance, and insufficient action of the kidneys. We are encouraged to hope that a large portion of the trouble may be attributed to the woman's life of hard work and exposure. Her family history has been good, and her personal freedom from excesses of all kinds is a favorable feature. The absence of cardiac disease is also to be noted as a good sign. The condition of the urine is interesting and important. If further examination shows that it really contains no tube-casts, but is merely scanty, high-colored, and containing a trace of bile and a small quantity of albumen, indicating, therefore, that there is simply engorgement of the kidneys without organic disease, it would also be another favorable sign.

As to the cause of this general œdema, which has been more or less present during the past two years, and which is now complicated with ascites and hydrothorax, I feel somewhat in doubt. Learning, as we do, that the dropsy began in the subcutaneous tissues of the feet, and continued there for a considerable time before the development of ascites, we should naturally have expected to find cardiac or renal disease to account for it. It may be that the violent disturbance of this woman's nutrition connected with the establishment of the menopause, which, as we learn, was accompanied with violent convulsions, and probably with anæmia, will account for a considerable part of the œdema. On the other hand, you will not fail to note that the occurrence of these convulsions might point to a uræmic condition associated with organic renal disease, so that repeated examinations of the urine must be made before that question can be laid aside. The examinations thus far made are favorable, and indicate that the convulsions were dependent upon disturbances of the nervous system.

The condition of ascites and hydrothorax is somewhat difficult to explain. If we simply had ascites in a woman with a history of habitual alcoholic excesses, we should attribute the condition to cirrhosis of the liver. It is, however, a fact, that cirrhosis of the liver is not always the result of alcoholic excesses. It may result from idiopathic hepatitis, and arise in the most abstemious individuals, and, undoubtedly, the life of exposure and hardship which this woman has lived would undoubtedly predispose to the development of such lesions. The presence of hydrothrax interferes with the determination of the limits of hepatic dulness by percussion. We can say that the liver does not extend too low, but we are unable to map out its upper limit. There is no great enlargement of the subcutaneous veins of the abdominal wall. Again, the combination of ascites with double hydrothorax, when the ascites is not more marked than here, suggests some more general cause of the dropsy than mere cirrhosis of the liver. In that affection, the dropsy usually begins in the abdomen, continues until it becomes very great, and then in-

volves the extremities and the serous cavities. Her history has not been such. I have no question that there is a lesion of the liver, but I am satisfied that there is something more than this. That additional element may be disease of the kidneys, which will be revealed by further examinations. It is, however, more probable that the œdema is to be attributed to a morbid condition of the tissues, resulting from protracted exposure, broken down nutrition, etc., in which a low grade of inflammation would be likely to be established. The condition of the legs and of the abdominal walls would indicate that they are the seat of a low grade of inflammatory action. This is not a clear typical case of renal, cardiac, or hepatic dropsy, but it is a complicated case, and one often met with, and one which taxes our ingenuity in assigning to each element its proper place in the production of the symptoms.

Now, as to the treatment. Although the ascites is not excessive, yet, as it is associated with the conditions mentioned, I think it desirable to get rid of it as quickly as possible. I shall use the aspirator to remove the fluid, and thus avoid the use of perturbing medicines. If this operation is carefully done, with a clean instrument, it is devoid of risk, and its simplicity justifies you in resorting to it at an early stage, instead of waiting until the distention is so extreme that life can no longer be prolonged if relief is not afforded.

Internally, I shall give full doses of tincture of nux vomica and tincture of digitalis, ten drops of each, three times a day, and Basham's mixture, each dose containing fifteen drops of the tincture of the chloride of iron, four times a day. If the pleural effusion does not diminish in the course of the coming week, I shall also remove that with the aspirator.

Chronic Interstitial Nephritis, with Epithelioma of the Nose, and Probable Epithelioma of the Stomach.—Our next patient is J. C., æt. 66 years, a native of Ireland and a farmer by occupation. He enjoyed good health until thirteen or fourteen months ago, when he began somewhat suddenly to have attacks of gastralgia. These attacks were somewhat relieved by pressure and the taking of hot drinks. For three months before admission to the hospital he vomited at least once a day. Since admission the attacks of pain have not been so frequent, and the vomiting occurs more rarely. We notice on the side of the nose, an ugly spot which looks very much like epithelioma. The presence of this ulcer with the symptoms mentioned, the loss of flesh, strength, and color, the constipation and vomiting, gave rise to the question whether or not there was an epithelioma of the walls of the stomach? No tumor can be felt in the epigastrium, but while the presence of a tumor is a very valuable sign of malignant disease, yet its absence is not a positive proof against the existence of such a disease. There might be a carcinoma of the upper and posterior surfaces of the stomach, not very extensive, or an epitheliomatous ulcer which the most careful palpation would fail to detect.

When we came to treat the man, we found, in the first place, that the gastric symptoms yielded largely to treatment. The vomiting probably had been the result of coarse and improper food, and possibly of irritating remedies. It was much relieved, although he still vomits every three or four days, particularly when severe spells of pain occur. Secondly, we not only found that the gastric symptoms improved, but also that he gained flesh, although not to an encouraging extent. He has gained in the past few weeks three or four pounds of flesh, which would be unusual if there were malignant disease of the coats of the stomach. At the same time, however, you may be thrown off your guard in such cases. A patient with organic, incurable disease, who has been improperly treated, comes under your care. Under appropriate diet and hygiene, he gains flesh and strength up to a certain point. This represents the result of bad treatment. This may lead you to think that you have erred in diagnosis, but having reached this point, he begins to go down again, showing that the diagnosis was a correct one.

In addition to the gastric trouble, we find that the man has Bright's disease. Albumen is present in abundance in the urine. The quantity of urine varies, and often it is excessive. Its specific gravity varies from 1.008 to 1.013. Hyaline and pale granular casts are seen in abundance in every field. The quantity of urine passed has varied from forty-eight to seventy-five ounces.

This is a case in all probability of chronic interstitial nephritis solely, or possibly mixed with chronic catarrhal nephritis, but with very unusual associated symptoms, which would be

likely to throw you off your guard if you did not examine the urine in every case. We have in the renal disease one explanation of the anæmia and emaciation which are present. He has never complained of symptoms referable to the kidneys, and it was only after the examination revealed the evidences of renal disease that we learned that micturition had been more frequent than normal.

How far does this interstitial nephritis explain the serious gastric symptoms which are present? There is nothing incompatible between Bright's disease and carcinoma. There is no reason why a person with Bright's disease may not get an epithelioma of the nose or of the stomach. In *post-mortem* examination you will frequently find malignant disease co-existing with the lesions of nephritis. It is probable that in these cases there is no connection between the two conditions. Here, the existence of the renal trouble does not remove our anxiety with reference to the condition of the stomach. This case is an excellent illustration of the principle that we must not always explain the symptoms arising in the course of a chronic disease of some organ as symptoms of that disease. A person with chronic disease of the kidneys, liver, heart, or lungs may develop another disease, the symptoms of which are often referred to the original disease, while they are really dependent upon a second, wholly distinct affection.

Are these gastric symptoms such as are found associated with Bright's disease? They are not. With Bright's disease, we commonly find the symptoms of gastric catarrh. Added to these, we have in the present instance the remarkable development of pain of a paroxysmal character. As between the symptoms of gastric carcinoma and the symptoms of gastric catarrh with neuralgia, I must say, that if it were not for the epithelioma of the nose, I should have no hesitation in saying that the symptoms were more indicative of catarrh with neuralgia, than of epithelioma of the gastric mucous membrane. The one crucial sign of gastric carcinoma, the presence of a tumor, is wanting. If the case were not complicated by Bright's disease, the effect of treatment would demonstrate whether the gastric affection was organic or functional. The presence of this complication, however, renders this test inoperative. We have no way of positively deciding this point except by patient waiting.

ORIGINAL COMMUNICATIONS.

SOME OBSERVATIONS ON THE RELATION OF DWELLING-HOUSE WINDOWS

AND TEMPERATURES TO ACUTE INFLAMMATORY DISEASES.

BY D. BENJAMIN, M.D., CAMDEN, N. J.

WHAT is generally called a cold, is always produced by some change of temperature, with or without moisture, to which a part or the whole of the person has been exposed. In most all cases the change must be from a given temperature to a lower one, in order to produce a cold. One is more apt to take cold if a part and not the entire body be exposed to a low temperature. Dampness adds greatly to the power of a low temperature to produce a cold.

A cold is a disturbance of the circulation of the blood, whereby a part of the body has too little blood in it, and, therefore, some other part has too much.

The part that has too much is said to be congested, and if the congestion is not promptly relieved by treatment inflammation is sure to follow. If in the throat, croup; lungs, pneumonia; bladder, cystitis, etc.

Heat expands everything known to man, and the absence of heat (cold) contracts everything. The human flesh is elastic and contractile, and, therefore, when cold is applied to a part it contracts, holding much less blood (fifty per cent.), consequently some other part must contain more than it should. Moreover, all vital action goes on more slowly in a cold than in a warm temperature, so that by cooling a part its nerve energy and vital force are greatly affected, causing delayed reaction, dangerous reaction, or actual destruction of a part, while the undue blood in some other part of the body lights up inflammation that would not have been called into existence without this stimulus.

Cold, applied to the skin, generally produces congestion of the mucous membranes, because of their similarity of construction, nerve supply, and continuity of structure.

The most healthy temperature for the human body to live in is about 70° Fahr.

In a slowly moving atmosphere at 70° Fahr. a person cannot take cold.

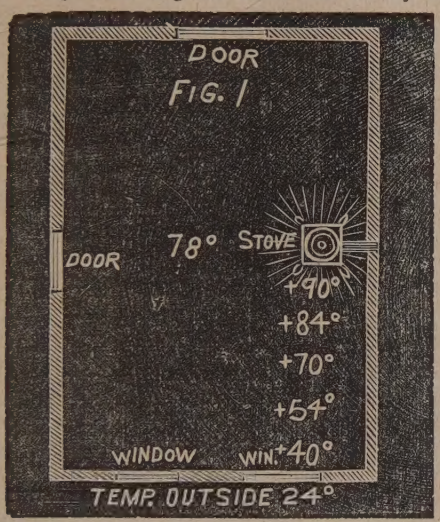
A change of 10° Fahr. is often sufficient to cause one to take cold.

The foregoing are undeniable truths, based on physiology, chemistry, and physics. Their importance, and the practical application of them, especially in the prevention and treatment of diseases of the respiratory organs we will now consider.

A few years ago, I began making some observations and experiments on the circulation and temperature of air in rooms, with results which appear to me to be of practical importance.

The conditions of temperature and circulation of air varies greatly in rooms, especially those that are in use.

Fig. 1 gives results of experiments in a room ten feet high, twelve feet wide, and twenty feet long, with a good stove and steady fire.



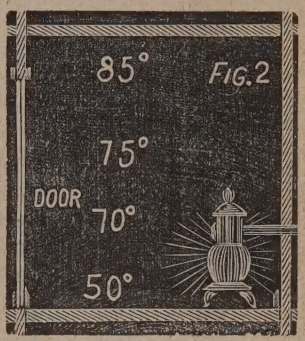
Three-story brick house, south front, twelve rooms, warm cellar. Out-door temperature 24° Fahr. By examination of Fig. 1, it will be seen that when the centre of a room is 78° Fahr., four feet from the window it may be 70° Fahr., one foot from window 54° Fahr., and at window 40° Fahr. (no doors or windows having been opened for thirty minutes), a difference in the room of 38° Fahr.

In Fig. 2, a vertical section of same room, it will be seen that while the head is in 75° Fahr., the feet may be in 50° Fahr. What must be the effect on a person who removes his warm boots and wears slippers, or the one that lies down to sleep on such a floor? Many do these very things, however.

Fig. 3 shows an everyday occurrence among thousands, yes, millions of people. A child, three or four years old, from playing near a stove, or on a nurse's lap, in a temperature of 70° or 80° Fahr., perhaps in a sweat, goes to a window and stands, without any change of clothing or protection, for half an hour or more, in a temperature anywhere from 30° to 55° Fahr. How such a thing can occur without resulting in croup or pneumonia, must be marvelous to any one who studies the subject even casually.

In many instances there is a small crack or opening either under the sash or at the side, and almost always at the junction of the upper and lower sash, where a stream of air is passing into the room almost as cold as the outside air, though it be below zero. Cold air, at a high speed, striking a child directly on bare throat or breast can seldom fail to produce some dreadful disease.

On a very cold day, in some of the frame houses inhabited by poor people with plenty of children and little time to look after them, children may often be found sitting on the



floor in a temperature of 38° Fahr., or standing with nose against window pane at 20° Fahr., when the mother is washing or ironing in 65° Fahr. These people generally have but one fire, and that in a cook stove, that cannot heat the floor at all, with drafts from every room, and especially the stairway.*

In view of the principle already given, it seems to me that this is a striking state of affairs, and perhaps no principles of hygiene are so grossly violated as these. No wonder that the death list in Philadelphia alone in a single year reaches the dreadful sum of one thousand from pneumonia and about four hundred from croup (preventable diseases in most cases). It is also somewhat remarkable that the subject has not before been written up in the medical works. The thermometry of hygiene and the sick room is a valuable field for cultivation.

* In churches and theatres the galleries will be 85° to 90° when the floor is 70° Fahr., then the opening of a door or window is very injurious, and going out into the air at 10° or 20° Fahr. also causes a dangerous strain on the system.

By reference to cuts, it may be seen that it is easy to be exposed in five seconds to a change of 40° Fahr., a circumstance that can never occur out of doors. In open air the temperature is nearly the same from head to foot, and changes much more slowly than in the house. A child gets off the bed and sits on the floor, a change of 10° Fahr., it may be 20° Fahr., or it goes to the window, possibly to scratch in the beautiful frostwork on the glass, a change sometimes of 40° Fahr. This explains why people take cold so much easier in the house than they do outdoors. In fact, I do not believe that people will take cold by habitually going out if they exercise and are properly clothed.

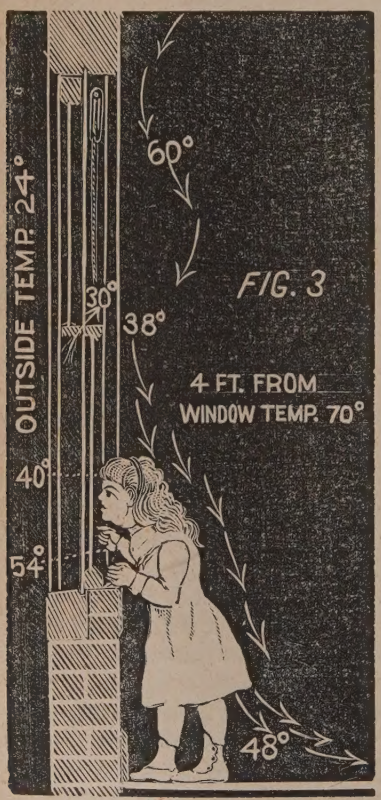


FIG. 3

By reference to Fig. 4, it will be seen that when the first floor was as low as 48° and 50° Fahr., the second floor was 65° Fahr., and all the second floor room was of a more even temperature. This is owing, of course, to the cold under the first floor, and the heat 90° Fahr. under the second. It shows why the sick should be, if possible, in the second story, over a room that is heated, and why relapses occur when patients are permitted to come down stairs. The contrast is greater in many instances than shown in the figure, which represents a grade of houses better than the medium.

Most of the foregoing experiments may be performed as follows: Take one and a half dozen thermometers (common Japanned tin cases) set them in water very cold, 33° Fahr., and well stirred, ascertain the difference in the register, if any, and note it by posting a little slip of paper with the correction on it near the top. Then place the thermometers all in water at 120° Fahr., well stirred, and correct as before; then in water at 70° Fahr., and correct. These corrections will render them sufficiently accurate for practical purposes. Lay

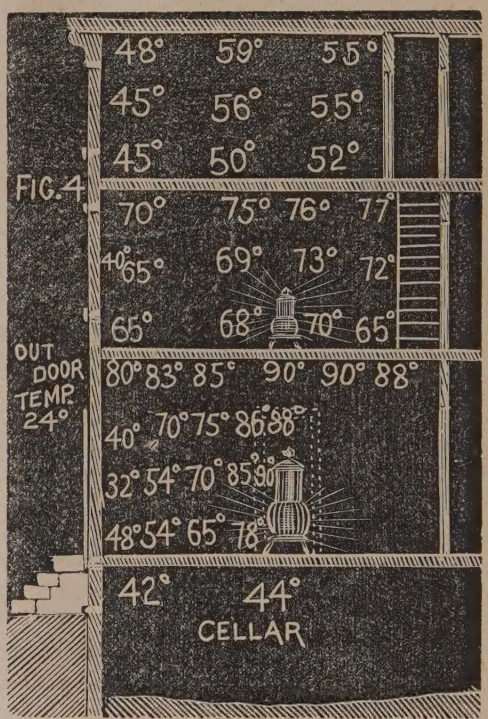


FIG. 4

six of them across the floor, or better, on blocks one-half an inch high, in a row, equally distant one from the other, extending from wall to wall, then stretch a string or wire across the room, in the same vertical plane as the row of thermometers, and hang another row on it right above the first; stretch another row across in same plane at ceiling. You will then have three horizontal rows and six vertical rows, wait thirty minutes, then read off the temperatures and record them on a piece of paper to represent the vertical section of room. Any number of such sections may be made in a room, and should be made to include windows

and doors as a main feature. Temperature of windows can very easily be taken by setting or hanging thermometers on the sash.

It is clear, from what has been stated, that to keep well or to treat diseases especially of the respiratory organs, such as pneumonia, croup, pleurisy, bronchitis, coryza, etc., we should keep an even temperature of about 70° Fahr. The thermometer should be on a level with the patient's head and near by; a good way is to hang it on the bedpost at the head of bed, and the mercury should not be allowed to fall below 68° Fahr., or rise above 74° Fahr. If the floor is warm, the whole room can easily be kept so.

A bed should not be against a cold wall. If it cannot be in the middle of the room, it should not be near a window or door, and should always be pulled out from the wall about six inches, so that the cold air, which always descends along a wall, can have room to drop to the floor without flowing over the bed. A great many cases of rheumatism and neuralgia come from sitting near a window.

I have often tried lecturing parents and nurses about the importance of keeping children away from windows, but it is very often impossible to have the instructions obeyed. Windows are very attractive to children, especially when the weather is too severe for them to play out. Any woman's mind would be dreadfully strained who has her housekeeping to attend to if she were compelled to keep her eyes constantly on a number of children, even if she could compel them to obey when detected.

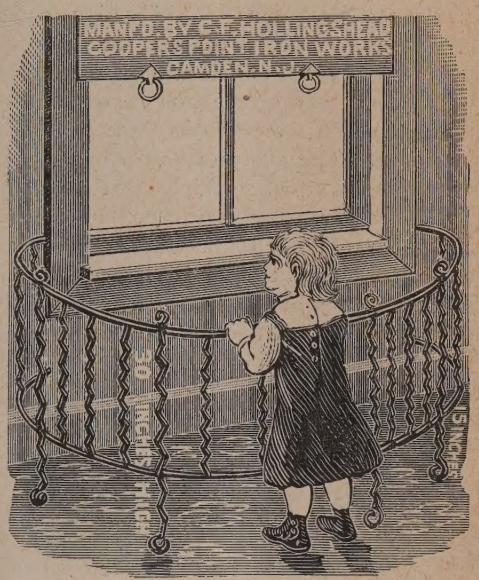
Some years ago I devised a contrivance to protect children from the death-dealing windows in cold weather, which has given me as well as parents much satisfaction. It is simply a fender of metal (they are also made of wood) about three feet high, and extending out from the window about fifteen or twenty inches.*

In some families where I have had these screens arranged to the windows for one or two years, I have reduced the medical attendance very greatly, as my books will show.

In Canada, many of the dwelling-houses have double sash, glass about four or five inches apart, a very good device, and one that diminishes the coal bill also. They are a little unhandy to keep clean.

About two thousand cubic feet of fresh air are needed per hour for each individual in a room, and when no fresh-air registers are provided, can only be supplied through the keyholes and cracks around doors and windows, making necessarily strong and dangerous draughts. The only resource left the physician, therefore, is the making of strenuous efforts to have people keep away from the dangerous places.

Leaving bed-room doors ajar, or windows slightly raised in cold weather, is a very dangerous practice, and, though it may be necessary sometimes, it generally requires more knowledge of sanitary science than is possessed by the masses.



On being called to see a case, I rarely find a thermometer in the sick room; its importance is not realized by the laity (or the profession). If there is one about it is out of doors, or often good for nothing. The amount of ignorance in regard to the thermometer is remarkable. I often find people using one that is broken, and working against the pressure of the atmosphere instead of a vacuum. Once a lady said to me on my second visit: "Doctor, I don't see as that theomiter is any good; I've been a watchin' it and I had to use more coal to keep the room warm than afore I got it; I gist might as well a throwed the money away." Still, I am in the habit of ordering a thermometer with the first prescription, though many would apparently pay five dollars for medicine more freely than

* At my request Mr. C. F. Hollingshead, of the Cooper's Point Iron Works, has prepared some very convenient and ornamental designs.

twenty-five cents for a thermometer that might save ten times that amount.

No one can tell by his own feelings whether a room is warm or cold, for often you will see two persons contending in the same room, one that it is too warm, and the other that it is too cool. It is obvious that we cannot regulate for invalids or others by our feelings. The only unerring guide is the silent, sensitive little column of mercury.

The more rooms that are kept heated in a house the less drafts will be found. Especially heat the halls, it will not take much more coal, and will avoid forcing your heaters or stoves, and enable you to keep easy fires; keep the cold air from under the house also.

The artificial life of civilization causes greater susceptibility to colds, at the same time that it exposes us to greater changes of temperature, but science enables us, on the other hand, to oppose with some success these pernicious influences. The study of this subject shows not only the varied principles that lie at the foundation of successful practice, but also the importance of the collateral sciences to medical education. And it is believed that even the few suggestions of this paper, if properly applied, would reduce the amount of sickness and death in a large class of diseases.

CHRONIC CONSTIPATION.

BY J. STEPHENSON, M.D.

NOTICING in the February number of THE MEDICAL BULLETIN an article on habitual constipation, I decided that it might prove beneficial to some to give a brief account of my experience with the above-mentioned disease.

When in consequence of constipation in persons of otherwise fair health, hemorrhoids, continual headache, indigestion, etc., exist, I have given, with almost unexceptionable success, the following pills, prepared by most of our leading druggists:—

℞. Aloini . . . gr. $\frac{1}{5}$.
Strychnia . . . gr. $\frac{1}{60}$.
Ext. belladonna . . gr. $\frac{1}{6}$.

M. Sig.—One pill three times a day.

I have used this formula for two years in my practice, and have, as yet, to find one case which has not only been relieved, but cured, after from one to three months' use.

In cases characterized by loss of appetite, loss of flesh, nervousness, pain in the bowels after taking food, anæmia, and other conditions indicating inactivity of the liver, I have met with almost universal success with the following combination:—

℞. Fl. ext. cascara sagrada . ℥j.
Fl. ext. senna . . . ℥iss.
Tinct. rhei . . . . ℥ss.
Elixir simpl. . . . ad ℥iv.

M. Sig.—One teaspoonful after meals or twice a day, night and morning.

In all cases, either children or adults, in which the feces are characterized by white, pasty conditions, I have found entire success in the phosphate of soda, given after meals.

INSECTS AND FLOWERS; A QUESTION.

BY C. E. MEETKERKE.

NEARLY four years ago a paper was published in Chambers's Journal,* purporting to give a short summary of the discoveries which had been made up to that time by a great many careful inquirers on the subject of insect agency in the fertilization of flowers. Since then the Knight-Darwin theory, as it is called in Germany, has progressed with such a rush in one direction that a reaction is already setting in, and it is now almost beginning to be doubted, not only if cross-fertilization is necessary to the life of plants, but even if it is particularly advantageous to them.

When Sprengel, Knight, Delpino, Müller, and a host of other writers, asserted that the aid of insects was necessary for the complete fertility of plants, and when Charles Darwin undertook his own practical researches on the subject, little doubt was left upon the minds of unprejudiced people as to the intimate relations existing between the animal and vegetable kingdoms. Darwin was supposed to have freed himself from what were held to be the mistakes of Sprengel and the early investigators, but even he had ventured to affirm the general truth of their conclusions before he had himself engaged in any very critical researches. Some contradictions arose, and it was remarked that the records of botanical literature are vitiated by a larger intermixture of falsity and fiction than might be imagined possible in an experimental science.

Sprengel's work was published in 1793, and

* Chambers's Journal, June, 1882.

in 1862 Darwin wrote his "Fertilization of Orchids," which was enthusiastically received, but which gave rise to the well-founded objection that in most orchids the operation of insect visitors was only indirectly concluded from the structure of the flowers.

"Criticisms near the mark or further from the mark, or even altogether far and away from any mark," only led to the conviction that there is much more in the shape of a petal and the position of a plant-hair than was formerly supposed, and that insects do not merely loiter about brilliant blossoms in idle satisfaction or for necessary sustenance, but that they have a mission to increase the beauty and prolong the life of flowers, and it is added, that so well is this mission understood, that flowers, in their turn, learn to distinguish between profitable and unprofitable visitors, and grow to provide special arrangements for allurement or exclusion. This being stated, we must either allow subtle, secret meanings to color, shape, and all the beautiful, familiar things taken once upon a time for granted—as a part of natural development—one of the forces in the great heaving life sea, or else reject the whole theory as extravagant and mistaken. Going still further, we are told that it is to insects we owe the beauty of our gardens, the sweetness of our fields, and that to them alone flowers are indebted for their very existence, and when we come to this, the most casual inquirer is led to find out what grounds exist for it, how far it is borne out by evidence, and if we are really bound to accept as truth, that should butterflies, flies, and bees be exterminated, the world would no longer know the beauty of flowers.

Fairly to examine the true Knight-Darwin theory, it will be well to learn from their own words to what conclusions these able men arrived as the result of their researches. We shall then be in a position to remark that the rolling stone of a new doctrine, once set in motion, is never in want of a friendly shove. We see how hasty conclusions are made to harmonize with preconceived ideas, and extravagant notions are issued as true coin.

The favorite text of Darwin's interpreters, is his much misapprehended maxim, "Nature abhors perpetual self-fertilization;" and, as if foreseeing that such an axiom might lead to mistakes, he defines his meaning with precision in some introductory remarks to his work on "Cross and Self-Fertilization." These are his words: "In 1862, I summed up my observations on orchids by saying that nature abhors perpetual self-fertilization; if the word perpetual had been omitted, the aphorism would have been false." And in another place: "From my own observations on plants, I became convinced many years ago, that it is a general law of nature that flowers are adapted to be crossed, at least occasionally, by pollen from a distinct plant." This opinion was ratified by Andrew Knight in these words: "In no plant does self-fertilization occur for an unlimited number of generations."

It will be remarked how wide a difference exists between the guarded expressions of these careful inquirers, and the rash law-giving of later writers, who, although working on the lines laid down by Darwin, have assuredly studied only the contrivances which are favorable to cross-fertilization, and neglect to make mention of those facts, so weighty and so numerous, which tell so dead against them. They appear to forget that there are many plants whose pollen is wafted away by the wind, and which are wholly independent of insects. That there are great numbers which are propagated by grafts, buds, layers, bulbs, tubers, and cuttings, besides over thirty natural orders of cleistogamic plants, closed to all comers, and necessarily self-fertilized.

In 1869, Severin Axell divested some hasty conceptions of their one-sidedness, and, besides the facts just mentioned, he drew out a list of plants in which self-fertilization inevitably takes place, mentioning those also which are aquatic, and which, under ordinary circumstances, expand their flowers at the surface of the water, and are cross-fertilized by the wind, but which remain closed when the water is unusually high, and then fertilize themselves, producing seeds which propagate the species.

Even the history of the orchids, that stronghold of insect agency, tends, from recent observations, to show that intercrossing is not so advantageous as it is supposed to be, since many tropical kinds cited as especially adapted for intercrossing, are found to an enormous extent utterly barren, whilst several species which exhibit remarkable adaptations for close fertilization, produce abundance of seed.

This would appear a startling contradiction to Darwin, until it is recollected that with his usual candor, he points out the sterility of many English orchids, and remarks that the bee or-

phrys is excellently constructed for self-fertilization, and that the fly and spider orchis are never visited by insects.

It is known that a great number of alpine plants grow beyond the height at which they can produce seed, and those growing on mountain pastures generally propagate themselves by bulblets. Many of our own very common plants do not set seed. The horseradish never produces any. The periwinkle spreads largely by runners. The varieties of peas keep true because they are not crossed by insects. The St. John's wort rarely sets seed. Poppies produce plenty of capsules when insects are excluded.

An argument, which may be used either way, is adduced by Darwin, whilst insisting on the greater size and vigor of the offspring of crossed flowers. "It might have been expected," he says, "that the seedlings from plants, the flowers of which were excessively sterile, would have profited in a greater degree by a cross, than the seedlings from plants which were moderately or fully self-fertile, and, therefore, had no need to be crossed; but no such results followed." He also admits that there are no signs of degeneracy in the bee or other self-fertilized orchids, and that they are all vigorous growers.

The assertion that brilliant hues and full cups are designed as allurements to insects is abundantly contradicted by foreign botanists, who describe plants with conspicuously beautiful flowers, which are as much adapted to secure self-fertilization as others are for crossing, and many of our own native flowers secreting much nectar and producing much pollen, are wholly disregarded by butterflies, flies, and bees.

That color variation is wholly attributable to insects is exceedingly doubtful, and that all the brilliant colors descended from the primeval yellow are due to their selective agency is so evidently a fallacious doctrine that very few words will be required to refute it. The doctrine is this, that the colors of flowers are intended to attract insects, and that certain colors are definitely intended to attract certain kinds of insects.

That flowers which lay themselves open for fertilization by miscellaneous small flies are white; those which depend on beetles are yellow. Butterflies prefer red, lilac, or blue; and bees, blue; blue flowers being, as a rule, specialized for fertilization by bees.

One of our recent poetic botanists asserts that as the bee flowers grew bluer, the bees must have grown fonder and fonder of blue, and, as they grew fonder of blue, they must have more and more constantly preferred the bluest flowers.

Thus the special tastes of insects are supposed to be the selective agency for developing white, pink, red, purple, and blue petals from the original yellow ones. But, we cannot help asking, how could insects exercise any selective agency unless the petals had first shown any tendency to vary? We find no satisfactory answer to this question; but we have the following facts before us, which speak for themselves.

The pigments of colored petals are stored in the ordinary tissues of the plant, and a very small number is required to produce a seemingly endless variety.

The colored substances are in many cases the same as those left in the foliage from which chlorophyll has disappeared; so that bright petals are often exactly like leaves which have turned yellow and red in autumn, or the very red and yellow leaves of early spring.

White, which is the dress of so many flowers, is due simply to the reflection of light through colorless air-filled cells and tissues.

Black spots on flower or seeds, as, for example, on the garden bean, owe their origin merely to a concentration of dense violet pigment; and the blackness of so many berries is produced in the same way, by violet thickly heaped on in patches, which become, therefore, impenetrable to light. The apparently black berries of deadly nightshade contain a splendid violet, easily soluble in water and alcohol; with acid it becomes a purplish red, and, with ammonia, green. Setting aside chlorophyll green, which is only exceptionally a flower color, the remaining pigments are yellow, red, and blue; the two latter exist in the cell sap. Yellow is identical with the substance which, in the animal kingdom, goes under the name of lipochrome; and the color of the rind of an orange is due to the same pigment as is found in the yellow of the buttercup. It is only a denser deposit of it. The red of roses, pinks, and poppies is due to a single pigment; it is just a matter of difference in intensity. It may be affected by the presence of an acid in the cells, and, sometimes, by the addition of a small quantity of lipochrome; not that a mixture of the two colors

takes place in the cells, but that rose-red in the sap and yellow in the protoplasm, found together in scarlet flowers, present just such a combination to our eyes, as when we set a red glass and a yellow one side by side, we see before us a mixture of the two colors.

By diminishing exposure to light, a complete alteration can be produced in the relative amount of coloring matter, although no invariable rule can be laid down as to its influence, since some flowers retain their color in darkness, whilst others lose it. Indeed, it has been affirmed that flowers produce their intensest colors in the dark, even if the whole plant is kept in the dark, but in such cases there can be no production of chlorophyll green. It may be mentioned that chlorophyll green is always accompanied by chlorophyll yellow, which is much less sensitive to light, and remains after the disappearance of the green.

It is well-known that soil has an immense influence on color, insomuch that many variations can be produced at will, and the mere transplantation of a plant will alter its color. Much care has to be taken as to the material in which tulips and other florist's flowers are grown, since if they should be too highly nourished they are apt to lose their distinctive stripes to which they owe their marketable value. These brilliant stripes are due to bad variation, and it may be noticed incidentally that when branches become variegated by bad variation, and the variety is attempted to be propagated by seed, the seedlings are rarely variegated. Bad variation is much surer and more powerful than any change that can be effected by the crossing of flowers. Even a leaf inserted by its footstall into the bark of the stock, is sufficient to communicate variation to it, although the leaf soon perishes. Gärbner relates that branches of white and dark-fruited vines, which were split longitudinally and then joined, produced distinct bunches of grapes of the two colors, and other bunches with berries either striped or of an intermediate or new tint. Darwin alludes to this and observes, "These facts are the more remarkable because Andrew Knight never succeeded in raising variegated grapes by fertilizing white kinds by pollen of dark kinds." He also draws from this and similar cases, the highly important physiological fact that the elements which go to the production of a new being are not necessarily formed by the male and female organs. They are present in the cellular tissue in such a state that they can unite without such aid.

That insects, attracted by conspicuous petals, or from a distance by scent, always presupposing that they are possessed of similar organs to our own, may have influence in the maintenance of colored species is not denied, for that would be to impair the rational doctrine of the survival of the fittest.

The cultivator who carries out a like selection corroborates its wisdom, but he does not depend alone on choice, and is well aware that he must make use of the many other means to attain his end. It is quite admitted that to the horticulturist the value of intercrossing is great. He may obtain finer flowers, to fetch a higher price, but it is much more than doubtful if in the bare struggle for existence, the help of insects is indispensable; on the contrary, such absolute dependence on external agency must naturally be as much a source of hindrance as a want of self reliance is to a man who desires to get on in his struggle for life.

The question is this, Is cross-fertilization actually necessary for the perpetuation of plants, or is it even so desirable as we are told that it is, and is color in flowers a mere expedient for getting themselves cross-fertilized? We know that brilliant hues undoubtedly exist, when, so far as we can see, they confer no benefit on their possessor; that some flowers are at their brightest when fertilization is over, and that there are large families which are wholly independent of insects, and yet show no signs of degeneration or extinction.

There is still another question, Is the development of beauty of no account in the plan of the universe? It is now distinctly stated that gay colors in fruit and flowers serve solely as guides to birds and beasts, in order that the fruit may be devoured and the seeds disseminated, and that it is a fallacious opinion that mere beauty and variety are objects in nature; but if such be the case, we must also give a reason for the rich attire of clouds, the harmonies of woodland shades, the sparkle of the streams, no less than for "the flower inwoven mantle of the earth."

These utilitarian theorists, however, have not yet taken all the world by storm; there still exist careful observers who do not hesitate to believe in—

"Uselessness divinest
Of a use the finest,"

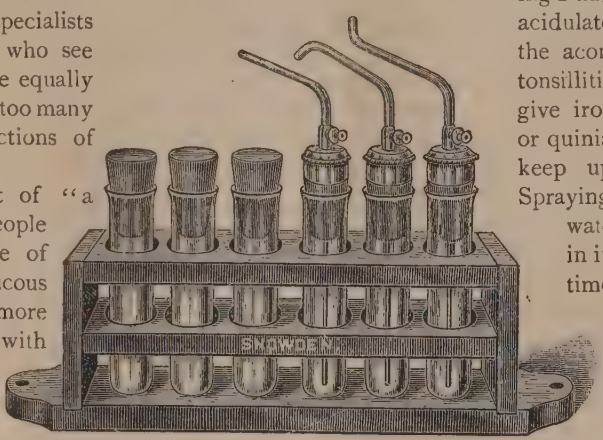
who see that the veil is not yet lifted, and who acknowledge that the greatest wizard is the man who best knows the secrets of the vegetable world.

PHARYNGEAL MALADIES.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

THE result of my experience, which covers now many years, is that pharyngeal disorders are almost always only skin deep. With a fondness for music, I have been thrown into contact with musical people very closely, and many good, bad, and indifferent singers are found amongst my patients. As might be expected, a good many "sore throats" come under my notice, and I have found the treatment of these to be not nearly so difficult as might be inferred from the lucubrations of specialists in like affections, who see diphtheria or some equally malign disorder in too many really trivial affections of the throat.

The first result of "a cold" in many people is a relaxed state of the pharyngeal mucous coat, and this is more or less associated with congestion, which, running on unchecked, eventuates in an inflammatory attack—it may be pharyngitis, tonsillitis, or, running downward, laryngitis. Two things I here find good, a cinchona tonic and a local astringent. The first may be elixir of calisaya or tinct. cinchona comp.; the latter is varied according to circumstances. In mere relaxation, I use alum and gallic acid, twenty grains of the first to ten of the latter, in water, applied by spraying. If the throat is dry, I then use fluid extract jaborandi, two fluid drachms to an ounce of camphor water similarly applied. The routine use of silver salts in such cases is, to my mind, bad, perpetuating chronic pharyngitis instead of curing it. I do not take much stock in inhalations, that is by breathing from a teapot of hot water with a little balsam or tincture of this, that, or the other in it, most of which vaporize enough to be odoriferous only. The ethers *do* sensibly vaporize in a respirator, but a few compounds alone are serviceable, whereas atomization is always efficient. My favorite instrument is Snowden's "perfected" atomizer, and lately he has greatly improved the article by substituting a set of small tubes, in lieu of one bottle, each of which may contain a distinct medicament.* The range of topical remedies is thus enlarged to simplify office treatment especially, and the set of remedies is quite portable for out-door work. The illustration explains itself, the atomizing tube being adjustable to either vial, and the others being firmly secured by rubber corks.



In acute congestion, I don't like potassic chlorate, now so freely used—I prefer cold wraps externally and aconite internally in minute doses. Neither has guaiac done much for me. If the case threatens quinsy or extensive local swelling I add *hot* water gargles, acidulated with vinegar, and the aconite is pushed. If tonsillitis is established, I give iron and cinchonidia or quinia in full doses, and keep up cold externally. Spraying *forcibly* with *hot* water is generally happy in its results, and sometimes a few good hungry leeches will modify matters if consulted early.

The galvano-cautery has lately been much vaunted in denuding the pharynx in diphtheria, but I have as yet no experience in that line. I do know, however, that a mild galvanic current applied under the angle of the jaw will, if continued long enough, greatly relieve the pain of any throat trouble. Barrett's chloride of silver battery is a good instrument to use in such cases, as the work must be left largely to the nurse, who can readily manipulate this apparatus from its simplicity, and it is always in order, unless gross carelessness be shown. The battery can be seen at Mr. Snowden's establishment, and it is worth the consideration particularly of general practitioners, who require something not eternally breaking down.

Electricity is also serviceable in aphonia, following acute pharyngitis, which is more or less

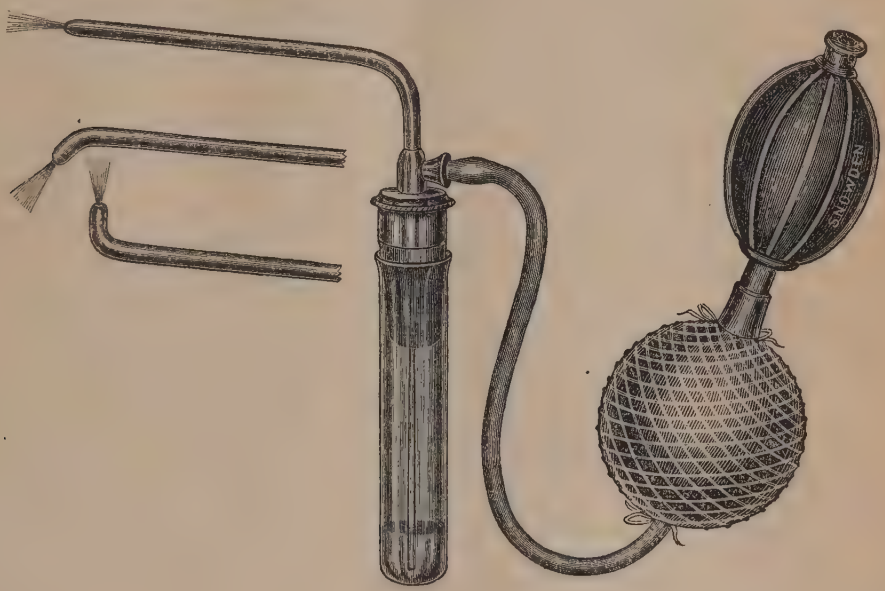
* William Snowden, Surgical Instruments, 7 South Eleventh Street, Philadelphia.

pronounced, or laryngitis. In all cases galvanism has acted well, but in severe instances the secondary current from the Queen's* Toepler-Holtz machine is just what we want, and the voice has returned after a few applications in some of my cases, where other means, persistently employed, had failed. I shall have more to say on this point shortly.

If the trouble extends down to the larynx, I generally give a few doses of calomel along with the aconite and external cold. Here, particularly, the spray is needed, for, by ordinary inspiration on the part of the patient, the

of treatment goes, except to admit the value of these atomizers, and to commend the Burgess Air Compressor for office work. I rarely use the douche or syringe now, the dull curette answering to remove excessive granulations, and the atomizer doing the rest.

Bromide of sodium or of lithium are favorites with me in irritable pharynx, and to the solution I frequently add belladonna or morphia. A hot infusion of lobelia also acts nicely in spasmodic affections, and the atomization of the latter has aborted more than one attack of asthma in my hands.



remedy can be drawn without discomfort into the trachea. Although the downward jet is, of course, preferable, the ordinary straightforward one will answer on a pinch. It is better to have the three tubes—upward, downward, and forward—all of which are adjustable to the old and new styles made by the gentleman named.

In post-nasal catarrh the atomizer is very efficient. I have seen no reason to change the views expressed in a paper on this disorder published some years ago,† so far as simplicity

My object is to urge the value of spraying over gargles, which do not reach the vault of the pharynx, and to note the value of atomization early in disorders of the throat. I do not use many drugs, and my readers, no doubt, have their favorites. Try these topically and save the stomach. The whole tract, nasal and pharyngeal, can be reached through spraying by any one, whilst an expert only can successfully employ the array of instruments presumably required.

246 North Twentieth Street,
Philadelphia, Pa.

* 928 Chestnut Street, Philadelphia.

† The Treatment of Post-Nasal Catarrh, Proceedings Philadelphia County Medical Society, vol. ii.

We advise our patrons to watch the advertising pages of each issue of The Bulletin, and thus keep posted on the new things in medicine as they appear.

We are continually adding new names to our subscription list, and our advertising pages are well patronized without solicitation. What better recommendation than this is wanted?

SELECTED ARTICLE.

LANOLIN: ITS USE IN THE TREATMENT OF DISEASES OF THE SKIN.

BY JOHN V. SHOEMAKER, A.M., M D.

MY attention was attracted not long since to an able and exhaustive address delivered by Professor Oscar Liebreich, on lanolin as a new basis for ointments. The investigations of this eminent chemist and physician clearly showed that he had produced a cholesterine fat far superior in its action on the skin to either glycerine fats or mineral oils. In the course of his investigations with this substance, in showing its great absorptive action when applied to the skin and in contrasting its utility especially with mineral fats or petroleum products, he claims well-founded, as he terms them, objections to the employment of the latter as a basis for ointments. Let me in this connection quote these objections side by side with my own, which were made after careful investigation some years ago, especially upon vaseline and cosmoline as basis for ointments:—

LIEBREICH'S INVESTIGATIONS ON THE ACTION OF MINERAL FATS.*

"Quite apart from the fact that the absorption of medicaments when mixed with pure fat is but imperfectly effected, fat-ointments are subjected to decomposition which may lead to irritation of the skin. It is true that vaseline does not decompose, but it prevents the entrance of medicaments into the skin, so that even poisonous substances when mixed with vaseline and rubbed into the skin produced neither local nor constitutional symptoms of poisoning."

MY OWN INVESTIGATIONS ON THE ACTION OF MINERAL FATS, REPORTED IN 1882,† 1884,‡ and 1885.§

"Petroleum products, vaseline, cosmoline, etc., possess feebler power to penetrate the skin, if any at all, than animal fats, which have more affinity for the integument. Their absorptive power for penetrating action into the skin is so feeble as to almost cause them to be excluded as such. Irritant ointments of veratria and other substances which I had made respectively of vaseline, cosmoline, and of simple cerate, manifested themselves in the former two preparations as almost inert, while the activity of that made with simple cerate very soon became evident. Further, the petroleum products retain some stimulating constituent left after their manufacture.

It will be seen both from Liebreich's experiments and conclusions as well as my own, that the substance employed as a basis for ointments should possess the power of penetrating the integument and in not irritating it. Liebreich has therefore succeeded by his investigations in producing an agent as a basis for ointments, which not only possesses this absorptive action that is so necessary, and that he can justly claim for lanolin, but by its neutrality its own decomposition is out of the question, and consequently it will not irritate the skin. It is a substance, which, from these valuable qualities, I regard as even superior to lard, the hitherto most acceptable basis for all ointments. Lanolin, Liebreich states, has its origin in keratinous tissue, and is manufactured chiefly from wool, by "transforming the wool fat into a milk, and then subjecting it to a centrifugal action." By this process, he further adds, "a thin milk and cream are obtained, just as when milk is subjected to centrifugal action, and the cream contains lanolin in a pure condition. More than one hundred per cent. of water can be kneaded with it, the result being a yellow, very plastic ointment." Through Baker & Co., of Philadelphia, I obtained by importation a quantity of lanolin, with which I have now conducted very many experiments, with good results and the greatest satisfaction. It is an ointment having a yellowish color and a very slight woolly smell, or an odor similar to that of new cloth, which is barely noticeable, and is not the least unpleasant. It is neutral in reaction, and has the consistency of ordinary citrine ointment, which it has very much the appearance of, and is soft, smooth, and slightly tenacious. On applying it to the skin with slight friction, it rapidly disappears. It is only decomposed, as it is claimed, with great difficulty, and it readily combines with other fats, oils, and glycerine, forming many most excellent ointments and liniments.

Therapeutic experiments with it, more particularly in my clinic at the Hospital for Skin Diseases, have demonstrated the rapidity with which it is absorbed and well borne by the skin. Cases having eruptions on various parts of the body had lanolin ointment used on one portion, lard ointment on another, and petroleum ointment on still another. The effects of the application of these bases were strikingly different upon the same subject and in the majority of cases. The lanolin was found to be rubbed in with ease, the absorption being rapid and the medicament held in suspension, and in contrast with the drug in the other ointments to be more decided in its impression upon the

* British Medical Journal, January 16, 1886.

† Transactions of the Medical Society of the State of Pennsylvania, vol. xiv., p. 129.

‡ See paper on the Oleates, read before the Section of Pharmacology and Therapeutics at the fifty-second annual meeting of the British Medical Association, in the British Medical Journal, October 18, 1884, pp. 749–754.

§ The Oleates; an Investigation into their Nature and Action, pp. 58–62.

parts. For example, the employment on the skin of a five per cent. carbolic lanolin ointment, and the same quantity in lard and in cosmoline, produced rapidly in the former a numb sensation, less marked in the lard ointment and even less so, or almost an absence of effect in that of the cosmoline ointment. The experiments so far conducted show that lanolin requires much less for an application for an effect, and, therefore, it is particularly economical as a basis for ointments. Again, the slight tenaciousness of the ointment fulfils a most valuable purpose in keeping it in contact with the skin. This property prevents it from greasing up the surrounding parts, or from running off, which it rarely may, even when the integument is most highly inflamed.

The following formulæ are appended as instances of the use of lanolin in my experience of the diseases named:—

℞. Zinci oleatis . . . . ℈j.
Lanolini . . . . ℥iv.—M.

For acute eczema, rosacea, and acne.

℞. Potassii iodidi . . . ℥ss.
Lanolini . . . . ℥iv.—M.

For scrofuloderma and scars.

℞. Plumbi oleatis . . . gr. v.
Lanolini . . . . ℥j.—M.

For erythema, acute eczema, and sycosis.

℞. Naphtholi . . . . gr. x.
Lanolini . . . . ℥ij.—M.

For scabies, lousiness, and chronic eczema.

℞. Chrysarobini . . . gr. xv.
Lanolini . . . . ℥ij.—M.

For psoriasis, tinea versicolor, and acne vulgaris.

℞. Olei cadini . . . . ℥j.
Lanolini . . . . ℥iv.—M.

For chronic eczema and psoriasis.

℞. Cupri oleatis . . . gr. x.
Lanolini . . . . ℥iv.—M.

For ringworm, favus, and tinea versicolor.

℞. Acidi carbolici . . . gtt. ij.
Lanolini . . . . ℥j.—M.

For epithelioma, lupus, and common ulcers.

℞. Acidi salicylici . . . ℥ss.
Balsam peruviani . . . ℥ss.
Lanolini . . . . ℈ss.—M.

For fissured eczema of the hands and feet especially.

℞. Arsenici oleatis . . . gr. v–x.
Zinci chloridi . . . gr. v.
Pulv. marantæ . . . ℥ss.
Ext. belladonnæ . . gr. v.
Ext. opii . . . . gr. x.
Lanolini . . . . ℈ss.—M.

For epithelioma, lupus, and old ulcers.

℞. Ferri oleatis . . . . ℥ss.
Lanolini . . . . ℈ss.—M.

For arsenical sores and old ulcers.

℞. Boro-glyceridæ (50 per cent. solution)
Lanolini . . . . āā ℈ss.—M.

For scrotal and anal eczema; also eczema of the nose and ears, sycosis, and dermatitis.

℞. Ungt. hydrargyri oleatis
Olei ergotæ
Lanolini . . . . āā ℈ss.—M.

For alopecia.

℞. Acidi boracici . . . ℥ss.
Lanolini . . . . ℈ss.—M.

For ringworm, seborrhœa, and bromidrosis.

℞. Hydrastis . . . . gr. iv.
Lanolini . . . . ℥ij.—M.

For seborrhœa, subacute eczema, and hyperidrosis.

℞. Lac sulphuris . . . ℥ss.
Thymol . . . . gtt. iij.
Zinci oleatis . . . ℈j.
Lanolini . . . . ℈ss.—M.

For acne rosacea and sycosis.

℞. Plumbi carbonatis . . ℥ss.
Ext. erythroxyli cocoæ . ℥ss.
Lanolini . . . . ℈ss.—M.

For acute eczema, erysipelas, and herpes.

℞. Ext. belladonnæ . . . gr. x.
Ext. arnicæ . . . . ℈j.
Morph. sulph. . . . gr. ij.
Lanolini . . . . ℈ss.—M.

For furuncular affections, herpes zoster, and impetigo.

℞. Hydrargyri chlor. corros. . gr. ij.
Lanolini . . . . ℥ij.—M.

For syphilitic affections, lupus, and alopecia.

℞. Ext. conii . . . . gr. x.
Naphtholi . . . . gr. x.
Olei camphoræ . . . gtt. v.
Lanolini . . . . ℈ss.—M.

For paræsthesia and all irritable conditions of the integument.—*Med. and Surg. Reporter*, April 3, 1886.

HOSPITAL REPORTS.

HOPITAL FRANCAIS A LONDRES.

UNDER THE CARE OF DR. A. VINTRAS.

[Reported by ALFRED S. GUBB, L.R.C.P., M.R.C.S.]

Case of Uterine Polypus.—Lucie K—, æt. 47, housekeeper, had been suffering from uterine hemorrhage, more or less profuse, occurring at irregular but frequent intervals for five or six years past, which she attributed to the effect of the "change." The hemorrhage was sometimes accompanied by pain in the pelvis, generally of an aching character, with a feeling of dragging and weight in the parts. She had been treated for these symptoms, but without experiencing either temporary or permanent relief. No vaginal examination had been made according to the patient's statement. One day, while lifting a heavy object, she suddenly felt "as if something had snapped in her inside," and this was immediately followed by such pain and distress that it was only with difficulty she could be brought to the hospital. On examination *per vaginam*, a mass was felt low down, which felt something like an enlarged and prolapsed cervix uteri. On pressing the mass upwards, it suddenly went back, with immediate relief to the pain. The next day a further examination, with the patient in bed, revealed the real nature of the growth, which was found to be hard, smooth, movable, and attached to the cervix by a distinct pedicle. It was removed by Mr. Keser without difficulty, by means of the chain écraseur, and proved to be a fibroid polypus, pyriform in shape, about the size of the fist. The cervix appeared healthy and the uterus freely movable. The operation was unaccompanied by pain, and the patient was up and about in the course of a week. No recurrence of the pain or hemorrhage has taken place, and the patient has quite recovered from her anæmic and debilitated condition prior to the operation.

This case is an instance of the necessity for instituting a vaginal examination whenever hemorrhage, either great in quantity or irregular in its occurrence, is a prominent symptom. Had this been done in this case, the patient might have been spared many years of suffering and ill health.

IT will pay you to advertise in THE MEDICAL BULLETIN.

THERAPEUTIC NOTES.

ASTHMA.

A writer in the Provincial Medical Journal has obtained excellent results in asthma from—

℞. Tinct. lobelia . . . ℥ss.
Tinct. stramonii . . . ℥ss.
Tinct. hyoscyami . . . ℥ij.
Spts. chloroformi . . . ℥ss.
Aqua . . . q. s. ad. ℥viij.

M. Sig.—Tablespoonful every half hour until relieved.

The same writer recommends the following combination in whooping-cough:—

℞. Acet. lobelia . . . ℥ij.
Acet. ipecac. . . . ℥ij.
Potassii bromidi . . gr. xxiv.
Ess. anisi . . . ♏xx.
Syr. pruni virginiana . ℥j.
Aqua . . . . ℥ij.

M. Sig.—One teaspoonful every two hours.

INCONTINENCE OF URINE.

℞. Tinct. nucis vomicæ . . ♏xxiv.
Tinct. belladonnæ . . ♏xij.
Ext. rhus aromatica . . f℥j.

M. Sig.—Thirty drops in water three times a day.

SECONDARY SYPHILIS.

Professor Bartholow frequently orders—

℞. Hydrarg. protiodidi . . gr. iv.
Ext. belladonnæ . . . gr. j.

M. Ft. pilulæ No. xvi.
Sig.—One pill four times a day.

OTITIS.

℞. Tinct. bryonia alba . . ℥ss.
Morphia sulphatis . . gr. ss.
Spts. ætheris nitrosi . . ℥ij.

M. Sig.—One teaspoonful in water every three hours.

CHRONIC BRONCHITIS.

Dr. C. W. Suckling (British Medical Journal) frequently orders—

℞. Ammonii carb. . . . ℥ss.
Tinct. scillæ . . . . ℥iiss.
Tinct. opii camphorata . ℥iiss.
Infus. senegæ . . . ℥v.

M. Sig.—One tablespoonful every four hours in water.

ORCHITIS.

℞. Tinct. pulsatilla . . . ℥ss.
Vini colchici rad. . . . ℥iiss.
Ext. phytolacca . . . f℥v.

M. Sig.—Half teaspoonful in water every four hours.

INFANTILE DIARRHŒA.

℞. Sodii bicarb. . . . . ʒj.
Tinct. opii deod. . . . ♏x.
Tinct. cinchonæ comp. . . ʒj.
Syr. zingiberi . . . ʒj.
M. Sig.—Half teaspoonful in water every three hours.

JANEWAY'S LAXATIVE PILLS.

℞. Ext. belladonnæ . . gr. iij.
Ext. nucis vomicæ . . gr. iij.
Resinæ podophylli . . gr. vj.
Aloes socot. . . . gr. xij.
M. Ft. pilulæ No. xii.
Sig.—One pill every night.

NOCTURNAL EMISSIONS.

℞. Ext. aloes . . . gr. iij.
Ext. belladonnæ. . . gr. ij.
Ext. hyoscyami . . gr. iv.
Pulv. camphoræ . . gr. xxiv.
M. Ft. pilulæ No. xii.
Sig.—One pill every night.

HEMORRHOIDS.

℞. Ext. belladonnæ . . . gr. v.
Acidi carbolici . . . gr. x.
Plumbi acetatis . . . ʒij.
Cerat simp. . . . . ʒvj.
M. Ft. Ungt.
Sig.—Apply night and morning.

HAIR TONIC.

℞. Ol. verbena . . . . ♏v.
Tinct. capsici . . . . ʒss.
Tinct. cantharidés . . . ʒss.
Tinct. eucalypti . . . ʒij.
Spts. vini gallici . . . ℥ij.
Aqua . . . . . ℥vj.
M. Sig.—Rub a small quantity into the scalp every morning.

OVARIAN NEURALGIA.

℞. Tinct. digitalis . . . ʒj.
Tinct. gelsemii . . . ʒss.
Potassii bromidi . . . ℥ss.
Aqua . . . . . ℥vj.
M. Sig.—Tablespoonful in water every three hours.

ANÆMIA.

Professor Bartholow considers the best treatment of anæmia to consist in the administration of from five to ten minims of nux vomica before meals, and one drachm of the following combination after meals:—

℞. Mass. ferri carb. . . . ℥ss.
Liq. potassii arsenitis . . ʒiss.
Syrupi simp. . . . . ℥iv.
M.

CROUP.

℞. Tinct. aconiti rad. . . ♏xij.
Tinct. sanguinaria . . ʒj.
Spts. ætheris nitrosi . . ℥j.
M. Sig.—Thirty drops in water every half-hour.

FERMENTATIVE DYSPEPSIA.

℞. Creasoti . . . . ʒss.
Glycerini . . . . ℥ss.
Vini pepsini . . . . ℥iiss.
M. Sig.—One teaspoonful after meals.

INFANTILE BRONCHITIS.

Dr. J. Lewis Smith (Archives of Pediatrics) recommends—

℞. Ammonii muriat. . . . ʒj.
Syr. tolu . . . . . ℥ij.
M. Sig.—Fifteen drops every hour to an infant three months old, and thirty drops to an infant six months old.

Also—

℞. Quinia sulphatis . . gr. xij.
Ext. glycyrrhiza . . ʒss.
Syr. pruni virginiani . . ℥ij.
M. Sig.—Thirty drops every four hours.

BELLADONNA INHALATION IN ACUTE BRONCHITIS.

Mr. N. E. Davies (British Medical Journal) says: In acute bronchitis, I believe the dyspnœa is caused more by the contraction of the muscular tissue of the air-cells due to the irritation caused by the bronchial inflammation, than by the viscid mucus secreted; and, acting on this belief in a case I had occasion to treat a few days ago, where the dyspnœa seemed likely to terminate life, I gave a grain of extract of belladonna in half an ounce of water, by means of a Dr. Siegel's inhaler. After the patient had inhaled this solution for a few minutes, the breathing became quiet and easy; and before the half ounce was exhausted, the patient was asleep. By repeating this remedy every few hours, with a stimulating system of treatment by the mouth, the patient, an old lady aged seventy-five, soon passed the dangerous stage, and is now recovering.

I have often used this method of treatment in asthma with magical effect, and can strongly recommend its trial in the early stage of acute bronchitis, as I have found it marvellously successful. It has the advantage of the ordinary bronchitis-kettle, that it moistens the air of the sick-room, and administers a powerful remedy at the same time.

DYSENTERY.

It seems strange to me that hot water injections, so much and so freely used in uterine and pelvic congestions with good results, should be discarded in dysentery. Tenesmus is the most painful and troublesome symptom of the disease, and I can testify to the rapidity of relief by the use of hot water (110° Fahr.) injections. They are painful while applied, but the relief is immediate and permanent. If there is much hemorrhage, alum, tannin, or Monsel's solution can be added to the water.—W. St., Hearne, Tex.

HEMORRHOIDS.

Dr. Q. C. Smith (Gaillard's Medical Journal) has obtained excellent results from the following ointment in several cases of hemorrhoids:—

℞. Iodoform
Balsam Peru
Oil of camphor
Oil of sassafras . . . āā ʒss.
Pine tar
Castor oil
Powdered aloes . . . āā ʒj.
Subnitrate of bismuth enough to make a stiff salve.

M. Sig.—Apply thoroughly twice a day, and cover with a soft cloth.

Before applying the salve each time, the parts were well washed with the syringe, soapsuds from Packer's tar soap, as hot as could be borne, being employed for the purpose.

Dr. Smith also gives internally—

℞. Fl. ext. witch-hazel . . ʒss.
Sat. tinct. horse-chestnut . ʒj.
Muriate of ammonia . . ʒj.
Glycerine . . . ad ʒiv.

M. Sig.—A teaspoonful three times a day, just after meals, on alternate days.

℞. Muriate of hydrastin . gr. xxiv.
Ergotin . . . . gr. xij.
Ext. capsicum
Ext. ipecac.
Aloin . . . . āā gr. vj.

M.—Make twenty-four pills and silver-coat.

Sig.—One pill three times a day, just after meals, on alternate days.

COLIC.

℞. Ol. menth. pip. . . ʒss.
Morphia sulphatis . . gr. j.
Tinct. belladonnæ . . ♏xxiv.
Spts. chloroformi . . ʒj.
Spts. frumenti . . . ʒx.

M. Sig.—One teaspoonful every half hour until relief is obtained.

MENORRHAGIA.

℞. Strychnia sulphatis . . gr. ss.
Ext. gossypii . . . fʒiv.
Ext. hamamelis . . . fʒiv.
Tinct. colombo . . . ʒj.

M. Sig.—One teaspoonful every four hours.

USEFUL FORMULÆ.

The following formulæ have been used by me for the last three years with uniformly successful results. In the chlorosis of young girls, in all forms of simple anæmia, in amenorrhœa due to anæmia, and in the nervous debility and neuralgias dependent on an anæmic condition, I have never seen a drug, or combination of drugs or chemicals, equal to those given below for rapidly increasing the number of red blood globules, and bringing the roses to the cheeks of the pale and chlorotic—

℞. Strychnia sulphatis . . gr. j.
Sodii arseniatis . . gr. v.
Hydrarg. bichloridi . . gr. viij.
Potassii carb.
Ferri sulph. . . . āā ʒij.

Fiat pil. No. cxx.

One pill for a dose three or four times a day after meals.

Where the patient has an aversion for pills, as many have, particularly in such a quantity and for such a length of time, I prescribe as a substitute the following mixture:—

℞. Hydrarg. bichlor. . . gr. iss.
Sodii arseniat. . . gr. iij.
Strychniæ sulph. . . gr. j.
Vini ferri amara . . fʒxvj.

M. Sig.—Take a small tablespoonful in water after each meal.

Of course, existing errors of digestion must first be corrected, in order that the remedies may be assimilated, after which I can vouch for their efficacy. It will be observed that the pill formula is a modification of the justly celebrated Blaud's pill, but the additional ingredients certainly greatly improve on it. The mixture formula is modified from one in use containing liquor potassii arsenitis and tincture nux vomica, but on account of the varying strength and unreliability of these two preparations, the sulphate of strychnia and arseniate of soda were substituted with advantage. The bichloride of mercury in both formulæ aside from its recognized efficiency in the conditions indicated, is valuable in counteracting the constipation produced by prolonged use of iron.—G. H. Kirwan, M.D., *Medical and Surgical Reporter*.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, May, 1886.

PROFESSOR WM. H. PANCOAST.

THE retirement of Professor William H. Pancoast, from the Chair of Anatomy of Jefferson Medical College, will be a subject of universal regret among the Alumni and friends of that renowned institution. Professor Pancoast has been connected with Jefferson Medical College for twenty-seven years; being Demonstrator of Anatomy for fourteen years, Adjunct Professor of Anatomy for two years, and Professor of Anatomy for eleven years. During all that time he labored energetically and faithfully to advance the interests of his classes. The anatomy which he taught was not a dead, useless anatomy, but the anatomy which is invaluable and indispensable to the physician and surgeon in everyday practice. His success as a teacher is engraved upon the minds of his thousands of students, thirteen of whom are now Professors of Anatomy in various medical colleges throughout the United States.

Apart from Professor Pancoast's ability as a teacher and a lecturer, there was a magnetism in his voice and appearance which crowded his lectures and clinics with students and practitioners. Eloquent in address, affable in conversation, courteous in manner, amiable in disposition, and magnanimous in character, he never failed to respond to the call of a student in distress or anxiety, and never used his exalted position to wound the feelings or trespass upon the rights of any of his professional brethren.

Professor Pancoast retires from his arduous duties as a lecturer with the esteem and admiration of all who have known him. The class of 1886 have had his portrait painted life-size and presented to Jefferson College, as a token of their appreciation of his labors as a teacher, and their esteem and admiration for him as a counselor and a friend.

Professor Pancoast's retirement from the Chair of Anatomy does not imply an abandonment of his interest in that fundamental branch of medical science. He is President of the Section of Anatomy in the Ninth International Medical Congress, to be held in Washington in 1887, and he intends to devote whatever time he can spare from his extensive surgical practice to this and other important professional matters in which he is interested.

THE USE AND MISUSE OF ERGOT IN OBSTETRICAL PRACTICE.

THE misuse of a remedy is not an argument against its proper use, but it is undeniable that irreparable harm has been occasioned by the misuse of ergot in obstetric practice by quacks and midwives. An investigation conducted a few years ago by the physicians connected with the New York Board of Health, disclosed the appalling fact that the great majority of still-births occurring in that city were due to the administration of ergot by ignorant midwives.

Ergot is potent for good in obstetric practice within certain limitations, and potent for evil if these limitations be overstepped. It is valuable in prolonged labors, occurring in pluripara, when the presentation is normal, the parturient canal fully dilated, the perineum soft and yielding, and the delay attributable only to uterine inertia. It should never be administered to primipara, however, until the placenta has been delivered, nor should it be employed in any case if the presentation is abnormal or uncertain or the perineum rigid, nor unless the parturient canal is free from obstruction, and fully dilated.

After the third stage of labor has been complete, ergot will be found invaluable in all cases. It may be administered then with the certainty of insuring firm uterine contractions, preventing the accumulation of blood, and the consequent formation of clots, and lessening or preventing the occurrence of after-pains.

THE DIAGNOSIS OF HYDROTHORAX.

THE diagnosis of hydrothorax, like the diagnosis of gastric ulcer, is sometimes not made until after the *post mortem* examination. The records of almost all large hospitals will tell of cases which were regarded as pneumonia, pulmonary œdema, or cardiac disease, but which were ascertained at the autopsy to be cases of hydrothorax. We recollect a case in point, occurring in a well-known hospital some years ago. The patient, a man 65 years of age, whose principal symptom was extreme difficulty of breathing, was supposed to be suffering from some obscure cardiac affection. He was kept upon large doses of digitalis for several days, and was then placed upon convallaria. No benefit accrued from either. His shortness of breath became more pronounced every day, and he died in about three weeks from the commencement of his illness. The visiting physician was confident that the cause of death was either mitral stenosis or tricuspid regurgitation, and directed a *post-mortem* examination to be made in order to ascertain which of these lesions was present. Much to his chagrin the valves of the heart were found to be perfectly normal, but both pleural cavities were filled with fluid. The case was one of unsuspected hydrothorax, and the difficulty of breathing was due to the pressure exerted on the lungs by the enormous pleural effusion.

Now, although this error of diagnosis was made by an authority on diseases of the thoracic cavity, it was not an unavoidable error. It would not have occurred if the chest had been carefully examined. The physician in charge made a "snap diagnosis" of heart disease, however, and did not search for any other lesions. In all cases of hydrothorax there is marked dulness on percussion, and complete absence of respiratory and voice sounds over the seat of the effusion. The most characteristic symptom, however, and one which should always cause the physician to suspect the existence of a large effusion in the pleural cavities is extreme shortness of breath. The respirations are quick and shallow, ranging from thirty to sixty per minute, and the patient is afraid to lie down for fear of suffocation.

ACONITE AS A TÆNIACIDE.

DR. ROBERTSON, of Detroit, recently reported three cases to the Detroit Medical and Literary Association which point to aconite as a potent tæniacide. The discovery was accidental on Dr. Robertson's part. Some time ago he was called to see a case of pharyngitis. He prescribed some aconite and a cathartic, and he was surprised to find that the patient passed a tape-worm the next day. A year after this he was called to see a man who had tape-worm, and gave aconite, and within twelve hours the patient passed a large tape-worm. About two months ago a young man showed him a portion of a tape-worm which he had passed. Dr. Robertson gave him five drops of the normal extract of aconite every hour, until three doses had been taken, and followed it with a cathartic, and, as a result, the worm was passed in a few hours. Dr. Robertson believes that the aconite kills or benumbs the tænia so that it relaxes its grasp on the walls of the intestinal canal, and is readily dislodged by any active cathartic. If further experience is confirmative of this view, aconite will be accorded the first place as a tæniacide. It is possible that the early writers had an idea of its power in this respect, when they described it as a plant "which kills man unless it finds in man something else to kill," but, as they did not place their experience on record, Dr. Robertson is entitled to the credit of the discovery.

Great caution will be necessary, however, in the administration of this remedy. The dose should not exceed five or ten minims of the tincture. The pulse should be carefully watched, and free catharsis should be induced as soon as two or three doses have been administered.

THE GYNÆCOLOGICAL SOCIETY, of Boston, has elected the following officers for the current year: President, Dr. H. O. Marcy; Vice-President, Dr. H. C. White; Secretary, Dr. H. J. Harriman; Treasurer, Dr. W. Symington Brown; Pathological Committee, Drs. E. W. Cushing, A. P. Weeks, and H. O. Marcy; Nominating Committee, Drs. H. M. Field, E. C. Keller, and C. W. Stevens.

COLLEGE NEWS.

PRESENTATION OF PROFESSOR WILLIAM H. PANCOAST'S PORTRAIT BEFORE THE ALUMNI ASSOCIATION OF JEFFERSON MEDICAL COLLEGE.

BY ALSTON H. BICKERS, M.D.

MR. PRESIDENT AND GENTLEMEN OF THE ALUMNI ASSOCIATION, LADIES AND GENTLEMEN AND FELLOW STUDENTS:—In the beginning of the session which will terminate to-morrow, the class learned with great sorrow and deep regret that our esteemed teacher and friend, Professor William H. Pancoast, would resign the Chair of General Descriptive and Surgical Anatomy in this institution at the close of the present term.

We thoroughly realized the significance of his resignation, we were aware that it takes from our *Alma Mater* one of her oldest and most accomplished teachers, her most gifted and skilful surgeon, her most interesting, practical, and eminently instructive surgical clinician, and from us our best and truest friend.

We, therefore, earnestly urged him to reconsider his intention to resign, and continue to teach the chair which he has so long and ably taught with credit to himself and honor to our *Alma Mater*, and with inestimable benefit to the thousands who have gone out in all parts of America and Europe to practice medicine under the broad banner and great seal of the Jefferson Medical College. But, owing to his desire and determination to lessen his arduous duties, he was unable to comply with our earnest and unanimous request. Finding our efforts to retain him futile, we determined to present him, on this occasion, with some tribute of our respect, esteem, and gratitude, with some token which would show to the world, to after classes in this college, and to his posterity, the love and appreciation of five hundred and thirty students for their teacher and friend, for him who brought to the daily routine of his duties a mind so stored with learning, and a skill so subtle, as to render clear, concise, comprehensive, and thoroughly interesting, that difficult and monotonous study, anatomy. Likewise to create within us that ambition, that thirst for knowledge which success alone can gratify, which would serve to perpetuate his memory in the college, in which and for which he has so earnestly and indefatigably labored for twenty-nine years—the institution which he, by his inherited and acquired ability, coupled with his genius and industry, has aided to overcome all obstacles, and has been so instrumental in making her first among the medical schools of the world.

I have indicated to you that Professor William H. Pancoast has been a teacher in this college for twenty-nine years; two years as Adjunct and fourteen years as Demonstrator of Anatomy, two years as Adjunct Professor of General Descriptive and Surgical Anatomy, and eleven years ago he was chosen by the Honorable Board of Trustees to fill the Chair of General Descriptive and Surgical Anatomy—a chair vacated by the resignation of that illustrious anatomist, that world renowned surgeon, whose name and reputation have spread with civilization throughout the length and breadth of this land. I thus briefly refer to his distinguished father and predecessor, the late Professor Joseph Pancoast.

The tribute of which I have spoken, and which was procured by the hearty coöperation of every student in this institution, and which I will have the honor and pleasure to present in your presence, is a portrait of himself.

And now, Professor Pancoast, I have the opportunity to perform the most pleasant duty of my life, a duty rendered so pleasant and agreeable by the assurance that every word I have spoken or shall speak is and will be the feeling and sentiment of my classmates. I have been chosen by them to present this meagre token of our esteem and love, and to thus publicly express and convey to you our feelings of appreciation and gratitude. A feeling which, sir, you have not instilled in our hearts by a single act or deed, not in a day or session, but, sir, it is a feeling which you have created, nourished, and indelibly implanted in our hearts by your long and able teaching, by your ever willingness and eagerness to admonish us with the gentleness of a brother, to advise and guide us with the genius of experience, and to shield and protect us with the strong arm of friendship, and when, during the vicissitudes of college life, misfortune cast her mantle of gloom upon some unfortunate student of this institution, you were ever ready and willing to listen to his appeal, to direct and advise, and, nobler still, to shield and protect him.

Professor Pancoast we eagerly longed for the day to come when you would meet us, either in the amphitheatre of the college or the clinic room of the hospital, not only to teach and instruct us but to gladden our hearts with your kind words and genial manner, to impart fresh energy and inspire new hope, to lead and guide onward to the success which we have attained.

We love and cling to you, Professor Pancoast, we respect and obey you, because you manage us with the sternness of a disciplinarian, united with the tenderness and consideration of a father.

Professor Pancoast, you are verily the student's friend, and no man ever more richly deserved that appellation, or had it more heartily bestowed by a class than yourself.

A few more words and I am done. When you look upon this portrait as it hangs upon the walls

of the clinic lecture-room of the Jefferson Medical College Hospital, in juxtaposition with your distinguished predecessor, expressing to the world our love for you, I beg you to console yourself with this truth, that we, the students who so much love you, will take with us to our distant homes your image, which your long and successful career as a teacher, and your pure, unalloyed friendship have assisted nature to enframe in our hearts a living and an imperishable monument to your memory.

MEDICAL NEWS AND MISCELLANY.

DR. GEORGE R. PANCOAST has removed to 2634 Brown Street.

DR. JAMES COLLINS has removed to 704 Franklin Street.

DR. T. SPENCER COBBOLD, the distinguished English helminthologist, is dead.

DR. A. Y. P. GARNETT, JR., one of the most brilliant young physicians of Washington, D. C., died at his home in that city on March 10th.

DR. F. E. STEWART has been appointed Demonstrator of Pharmacy in the Woman's Medical College of Philadelphia.

THE fourteenth annual meeting of the American Public Health Association will be held at Toronto, Ont., October 5th to 8th, 1886.

THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—The annual commencement was held in Association Hall on Saturday, April 3d.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—Dr. E. G. Janeway has been transferred to the Chair of the Principles and Practice of Medicine and Clinical Medicine.

UNIVERSITY OF MARYLAND.—Professor S. O. Chew has been transferred from the Chair of Materia Medica to that of Practice of Medicine, and Professor I. E. Atkinson from the Chair of Pathology to that of Materia Medica.

THE annual address before the Alumni Association of Jefferson Medical College was delivered in the lower lecture-room of the college on April 1st, by Dr. William H. Warder, on "The Lights and Shadows of Medicine and Professional Life."

JEFFERSON MEDICAL COLLEGE.—The sixty-first annual commencement of Jefferson Medical College was held in the Academy of Music on Friday, April 2d. Professor Theophilus Parvin delivered the valedictory address, after which Dr. E. B. Gardette, President of the Board of Trustees, conferred the degree of Doctor in Medicine on two hundred and thirteen graduates.

STRYCHNIA AS A PREVENTATIVE OF POST-PARTUM HEMORRHAGE.—Dr. A. Walker (British Medical Journal) says: In a number of cases, strychnine administered along with iron for a month before labor, has exerted a remarkable influence in preventing post-partum hemorrhage, where severe flooding had occurred in previous labor.

A CASE OF PERSISTENT MENSTRUATION IN A LADY OF SEVENTY YEARS OF AGE.—To the New York Obstetrical Society, December 15, 1885, Dr. T. Addis Emmet reported the case of a lady of seventy, whom he had known for several years. She had menstruated regularly every month since the age of sixteen, except when she was pregnant, and during a certain interval after she had reached the age of forty-five or fifty. Her daughter, who was aged fifty, also had a regular monthly flow. The mother was, as far as he knew, in perfect health, and had been a widow for thirty years. He regarded the case as a very unusual one.

PROLAPSE OF THE RECTUM.—Dr. S. A. Scott (New Orleans Medical and Surgical Journal) was called during the summer of 1876 to see a child aged eighteen months, who was suffering from complete prolapse of the rectum. The bowel was swollen and looked as if it were bruised. The doctor replaced it immediately, but found that the child could protrude it again with almost as much ease as it could extend the leg. He then replaced it again, and, while an assistant held it in place, injected one-eighteenth grain sulphate of strychnia into the sphincter ani and then applied a wet compress. After this simple procedure the bowel remained in place and did not descend again.

ST. LOUIS MEDICAL COLLEGE.—Several very important changes have been made in the Faculty of the St. Louis Medical College. Professor L. Ch. Boisliniere and E. F. Smith, for many years respectively occupying the Chairs of Obstetrics and Gynæcology and of Clinical Medicine, have resigned, and the following gentlemen have been elected to the designated positions: J. M. Scott, M.D., Professor of Obstetrics; W. L. Barret, M.D., Professor of Gynæcology; John Green, M.D., Professor of Ophthalmology; W. E. Fischel, M.D., Professor of Clinical Medicine; John P. Bryson, M.D., Professor of Genito-Urinary Surgery; B. J. Primm, M.D., Professor of Descriptive Anatomy; Dr. Mudd's Chair is now designated as that of Surgical Anatomy and Clinical Surgery.—*St. Louis Courier of Medicine.*

CALOMEL AS A DIURETIC.—The action of calomel in causing diuresis in morbid conditions with dropsy is not generally recognized. In health, indeed, it may be said that the drug has

no such action. Dr. Jendrássic has found in cases of cardiac dropsy, that calomel in appropriate doses causes well-marked diuresis, a "sort of diabetes insipidus," by which the results of want of cardiac compensation, dropsy and œdema are dissipated. The effect comes on within twenty-four hours; one and a half grain of the drug being given three to five times a day. No diarrhœa is usually produced; but, in some cases, it had to be prevented by the administration of laudanum. Salivation and stomatitis were obviated by the prescription of a chlorate of potash gargle from the first. The result in all cases in which the treatment was adopted was beneficial, no unfavorable depressing symptoms being noticed.—*British Medical Journal.*

DYSPEPSIA.—Drs. C. A. Brugeman & Son, of Marysville, Neb., emphasize the value of a well-known antiseptic in troubles arising from indigestion by reporting the following case: Mr. John M., æt. 32, a sufferer from dyspepsia for many years, in vain sought relief through a great variety of patent drugs. His principal complaint has been pain in the stomach with giddiness and headache, and after meals a most distressing sensation of heaviness in the stomach, his countenance being indicative of great misery. We placed him on the prescription recommended by Dr. O. F. Taylor, of Magnolia, Ill. (Peoria Medical Monthly):—

℞. Listerine
Water . . . . āā ʒiv.
M. Sig.—Teaspoonful before meals.

It proved a safe, elegant, and pleasant prescription. By this treatment alone, with reasonable attention to diet, all symptoms were entirely removed in four weeks, and he now takes his meals with comfort. We are confident that listerine gives us better results than other similar remedies in this type of cases, because, while promptly arresting fermentative changes, it also exercises a decided sedative influence on the mucous membrane of the stomach.—*Kansas Medical Index.*

MYRIAPODS IN THE HUMAN BODY.—M. Rooms, in the Archives Médicales Belges, reports the following case: A boy, æt. 11, showed symptoms of illness which lasted three years. He had strange tastes and fancies; he grew thin and was excessively irritable and nervous. It being imagined that intestinal worms were at the root of the evil, vermifuges were administered without any result. The child was better in winter and grew worse in summer. One day he drank a glass of gin, in which artemisia blossoms had been infused, and he afterwards expelled a quantity of living myriapods, which lived several days. The child's condition greatly improved, but on the summer following it again fell, and the old symptoms reappeared. A double dose of the gin, with artemesia blossoms, was given him. He vomited violently and expelled myriapods from the mouth, nasal fossæ, and anus. The treatment was continued a month, and the pseudo-parasites disappeared. Probably, during the season of ripe fruit, the boy ate blackberries, and thus swallowed these insects. The vitality exhibited by the myriapods in the intestinal canal is explained by the denseness of the envelope and the peculiarity of their respiration.—*Paris Correspondence, British Medical Journal.*

OIL OF TURPENTINE IN DIPHTHERIA.—In the Journal de Medecine of January 31st, Dr. Delthil, of Paris, reports a case of diphtheria in a child thirty-two months old, in which the patient occupied the same room with four puerperal women and their newly-born infants. Circumstances rendered isolation impossible. The whole mucous membrane of the patient from the lips to the bronchi, including the nasal passages, was covered with a thick diphtheritic exudation. The treatment consisted of quinine, emetics, abundant nourishment and painting the affected mucous membrane with undiluted oil of turpentine every hour. To protect the puerperal women and their children from contagion, the atmosphere of the room was kept saturated with vapor produced by the evaporation of oil of turpentine and fumes from the combustion of a mixture of oil of turpentine and coal tar. The patient recovered, and neither the puerperal women nor their newly-born infants were infected. To facilitate applications to the throats of young children, the writer recommends the novel expedient of tickling the fauces with a feather introduced between the teeth. The efforts at vomiting excited thereby will cause the child to open its mouth and the application may then be easily made.—*Atlanta Medical and Surgical Journal.*

A NEW EMMENAGOGUE.—In the November number of the American Medical Digest is an article upon the new emmenagogue of Dr. Y. Matthews Duncan, of St. Bartholomew's, London.

The emmenagogue is "erotic excitement." The editor very justly takes exception to it on moral grounds, and observes that in most cases the treatment would be worse than the disease. The effect of this treatment is, of course, sympathetic. I wish to suggest a method of obtaining the same results by sympathetic action, which is free from the objections above referred to. It is mammary irritation.

All physicians are familiar with the close sympathy between the breasts and the uterus. I will report one case, illustrating the treatment. Some years I prescribed for Miss D—, aged eighteen, fairly healthy, had never menstruated, and had been under varied domestic and professional treatment. I prescribed iron for a month, and

then sinapisms to breasts, to produce marked irritation, but not to blister. The breasts became inflamed, showing enlargement, hardness, and tenderness. When the inflammation subsided the menses appeared and were normal afterwards. She has since borne a family of children. Since that time I have frequently succeeded by the same treatment, but not always.—Dr. Thomas D. Strong, *Buffalo Medical Press.*

Difficult Catheterization.—Dr. Noyes (American Lancet) in an interesting article on difficult catheterization, says: I remember a case which I met with in my hospital practice. I made several efforts to introduce a catheter, trying instruments of various sizes. I reported my want of success to the surgeon in charge, who also made unsuccessful attempts, and finally left me to manage the case as best I might. I found that by the aid of a hot bath, I could pass the catheter, and this is often the case. In general practice I have met with many cases of retention from enlarged prostate. I once got great credit for relieving an old man who had been attended by several physicians. They had tried in vain repeatedly, several days, to pass the catheter, and when I was called in they repeated their attempts, before giving me an opportunity to try. The youngest of them, whose turn came last, was especially anxious to succeed, and he employed so much violence in his efforts that he drew blood. Such force is never justifiable, nor is it necessary. When they at last passed the instrument to me, I found that it went in readily enough until the point reached the prostate, and could not find the passage beyond. I placed the finger in the rectum, and lifted the point of the instrument a little, causing it to ride over the obstruction, and in a moment it passed into the bladder. I wish to repeat, that no force should ever be used in introducing the catheter.

An Unusual Cause of Burns of the Face.—I have thought it right to put on record the following case, as it seems to me to be one of some rarity, and to have some importance from a medico-legal point of view. I cannot do better than give the facts in the words of the patient himself, who communicated them to me by letter. He writes as follows:—

"A rather strange thing happened to myself about a week ago. For a month or so I was troubled very much with foul eructations. I had no pain, but the smell of the gas which came from my stomach was disagreeable to myself, and to all who happened to be in the room. About a week ago, as I said, I got up in the morning and lighted a match to see the time, and when I put the match near my mouth, to blow it out, my breath caught fire, and gave a loud crack like the report of a pistol. It burnt my lips, and they are still a little sore. I got a terrible surprise and so did my wife, for the report awakened her."

From the above occurrence it would appear that the condition known as "halitosis," or diseased breath, is not only a source of misery to the sufferer, and to those compelled to associate with him, but may, under certain circumstances, become a condition of danger to the unfortunate possessor of it. In the present instance, the gaseous results of the imperfectly digested food had their atoms of carbon and hydrogen so arranged as to give rise to the presence of carburetted hydrogen, the inflammable and explosive qualities of which came into play when mixed with a due proportion of atmospheric air in presence of the unguarded light of the burning match. I may add, that the patient to whom this accident happened, is a most intelligent and observant man, and that the diet I prescribed for the indigestion from which he suffers from time to time has alcohol excluded from it, and I know that my instructions in that respect are acted upon.—Dr. George T. Beatson, *British Medical Journal.*

Unusual Effects of Malaria.—Dr. J. J. Norwine (Therapeutic Gazette) reports the following peculiar cases of malarial poisoning:—

Case 1. Mamie M—, aged 13. Family history good; no syphilis, gout, or rheumatism; has always been a healthy, stout girl, and at present presents a very healthy appearance; menstruated first at the age of twelve, and has been regular in frequency, normal in quantity, and without pain during the flow. This, in brief, constitutes the past history. Patient now presents the following symptoms: Three weeks ago she arose from her bed feeling quite well, "but," says her sister, "she was so nervous." This condition has existed ever since, and is gradually growing worse; her rest at night was good after once geting to sleep, probably not awaking during the night; bowels constipated; appetite failing last few days; does not complain much of pain. Upon this history, in connection with a close physical examination, I diagnosed chorea, the result of malarial infection, and upon this basis I gave the patient the usual anti-malarial agent, sulphate of quinine, combined with that most efficient vehicle, the syrup of yerba santa, in doses of eight grains every two hours, giving four doses daily, and to my satisfaction the patient had entirely recovered on the third day. I should have added that a liberal mercurial purge was given prior to the quinine.

Case 2. Child, age one and a-half years, sufferring from chronic diarrhœa for over thirty days. The usual treatment was given—astringents, pepsin, bismuth and tonics—but all seemed to only relieve for a very short time. At last my attention was called to the fact that the child's bowels were

worse every other morning, and I immediately gave sulph. quininæ, gr. iv, until I gave four doses daily, and the child was relieved the second day, and made a rapid recovery. I claim that it was the anti-periodic effect of the quinine, and not the effect of a bitter tonic, that produced the cure, for the result was too quick.

THE CONTROL OF HEMORRHAGE.—Dr. A. Maguire thus writes in the New Orleans Medical and Surgical Journal for February:—

In ante-bellum days I was called to a large plantation in my neighborhood by the manager, one of the old-time overseers, who had great confidence in his powers of healing, and was convinced of his superiority over any new fledged Æsculapius, and that what he did not know of medicine was not worth knowing.

He pointed to a ghastly-looking African sitting on a verandah, with his head leaning against the brick pillar, blanched as much as his color allowed, and with a small stream of blood and saliva trickling from one corner of his mouth; he had extracted, twenty-four hours before, the third molar, and the blood had never stopped—he had applied strong vinegar, Parvaz's perchloride of iron, nitrate of silver, and had caused the blacksmith of the plantation to bend and file down to a point a goodly-sized wire with which he had cauterized the socket. After doing all this he confessed he was at his wit's end, "*au bout de son latin.*" I told him I would extend his Latin to "*Felix qui potuit rerum cognoscere causas,*" and after reviving the drooping African with a square dose of whiskey, I made a wad of cotton to be compressed between his jaws, leaving a piece protruding in the mouth of sufficient size to allow the involuntary play and suction of the tongue to be exerted on it, and not disturb the formation of the clot in the socket. The hemorrhage was arrested in ten minutes.

Some time afterward, a planter living some ten miles from my house sent for me for his daughter, who had been bleeding some twelve hours from the same cause. I directed the father to apply a similar wad, and gave two doses of brandy and digitalis, which set everything right.

On the same principle, violent epistaxis can be controlled in many instances by occluding the nostrils between thumb and finger, preventing the forced entrance in and out of air, also an involuntary act, during which no clot can be formed.

GENITAL IRRITATION AND SEVERE NERVOUS PHENOMENA.—Dr. Lewis A. Sayre (Virginia Medical Monthly) reports the following remarkable case:—

Mr. M—, aged twenty-five years, an unusually well-developed, muscular man, but exceedingly nervous, came to me suffering from an injury to the spine from the plunging of his horse while horseback riding, producing almost complete paralysis of the lower extremities, being unable to stand or walk without assistance, and suffering intense pain in the lumbar region. He was at once leeched, and this treatment was followed the next day by dry cups along the seat of the injury, and he was retained in the horizontal posture for some weeks. During this enforced quietude, my attention was directed to his extreme nervousness, which amounted almost to hysteria; and on examining his penis, I found this organ in a state of erection; the prepuce was firmly constricted around the glans, and it was with great difficulty it could be pushed behind the corona. The frænum was so very short as to draw the urethral orifice backward and open. The least touch upon the meatus produced a peculiar nervous spasm over the entire body. The prepuce being drawn behind the glans, a thin white line was to be observed girdling the entire penis, and he complained of this causing him great pain. He then informed me that he suffered from constant erections of the penis, frequently lasting from twelve to eighteen hours. In many instances while in the society of ladies he would be compelled to leave the room, and frequently while horseback riding he would have to get off his horse and abandon this exercise, as the penis would become so irritable and erect that semen would pass involuntarily from him.

I divided this girdling band upon the dorsum of the penis, and then divided also the frænum, tearing the latter down to the extent of nearly an inch, thus allowing the glans to assume its natural appearance, and removing all constriction.

Since the operation his nervous system has undergone a complete and entire change, and he will now leave on an extended European trip.

STATE SANITARY CONVENTION.—The following circular which we have received from the Pennsylvania State Board of Health explains itself:—

A sanitary convention, the object of which will be to afford an opportunity for an expression of opinion on matters relating to the public health and the discussion of methods looking towards an advancement in the sanitary condition of the Commonwealth, the prevention of sickness and avoidable death, and the improvement of the conditions of the living, will be held in Philadelphia, under the auspices of the State Board of Health, on Wednesday, Thursday, and Friday, May 12th, 13th, and 14th, 1886.

The Address of Welcome will be delivered by His Excellency, Hon. Robert E. Pattison, Governor of Pennsylvania.

The following will be among the subjects that will be discussed by prominent sanitarians:—

1. The Sanitary Needs of School Buildings and Grounds.

2. The Water Supply of Towns and Cities.
3. The Water Supply of Philadelphia.
4. The Disposal of Slops, Garbage, Refuse, etc.
5. The Prevention of Communicable Diseases.
6. Influence of Clothing on Health.
7. Ventilation.
8. The Drainage and Sewerage of Cities and Towns.
9. The Drainage and Sewerage of Philadelphia.
10. The Influence on Diet on Health.
11. The Relations of Christianity to Health.
12. Mistakes in School Architecture.
13. Defective Vision in School Children: Causes and Management.
14. The Necessities of Physical Education.
15. Drainage and Sewerage in Country Districts.
16. Sanitary Science in Villages.
17. Municipal Sanitation.
18. Artificial Feeding of Infants.
19. Condensed Milk.
20. Various artificial Baby Foods.
21. The Inheritance of Disease.
22. Hygiene of the Home.
23. Sanitary Plumbing and Drainage.
24. Test for Impurities in Water: The Use of Filters.
25. Germicides.
26. Vaccination.
27. The Hygiene of Old Age.
28. Cholera.
29. City *versus* Country Life, from a Hygienic Point of View.

The public are cordially invited to take part in and help to make a success of this convention.

At a later date, circular of details will be issued.

JOSEPH F. EDWARDS, M.D.,
Chairman of Committee on Arrangements,
224 S. Sixteenth Street, Philadelphia, Pa.

BISMUTH PREPARATIONS.—The great difficulty which in the past has attended the therapeutic use of the salts of bismuth in large quantities has been their proneness to contain arsenic. We well remember having produced severe arsenical poisoning by the administration of a preparation of bismuth which had been made by one of the largest and most reliable chemical establishments in the United States. This liability to arsenical contamination grew out of the fact that the only bismuth ores formerly in use were those of Central Europe, all of which contain arsenic in abundance. Since the discovery of ores of bismuth in South America, which are free from arsenic, the practitioner need not fear to use this drug in very large doses.

There are one or two therapeutic points in regard to the salts of bismuth which it has seemed worth while to call attention to. In the first place we hardly think that the bismuth preparations are employed as frequently as local remedies in inflammations of the mucous membranes as they deserve to be. They seem to us to be distinctly sedative, and at the same time slightly astringent, and may be used freely in the most acute stages of mucous inflammation. Thus, in the beginning of an acute nasal catarrh, bismuth may be blown by means of a quill freely into the nostrils, often with great relief. If five grains of the carbonate of sodium be added to two drachms of the bismuth it will often be found serviceable. In gonorrhœa, during the most acute stage, injections containing twenty to forty grains of bismuth, suspended by means of some mucilage, and repeated every two or three hours, sometimes act most advantageously.

As is universally recognized, these salts of bismuth are of great value in all gastric or intestinal irritations. When the stomach itself is affected, the bismuth should be given just before or immediately after the meal; the doses are not less than ten grains, the object being, of course, to have the bismuth retained in the stomach and brought in contact with the mucous membrane of the stomach as thoroughly as possible. In many cases it would be better to give the bismuth a half-hour before the meal. When it is desired to influence the mucous membranes of the intestines the bismuth must be given in much larger doses, twenty grains to a drachm; but especially is it desirable that it be administered about two hours after eating, when the contents of the stomach are rapidly passing into the intestines, in order that the bismuth may be hurried through the stomach as rapidly as possible and reach the intestines in an unaltered condition.

The remarks which we have been making refer to the insoluble preparations of bismuth—the subnitrate and the subcarbonate—which do not in any way differ from one another in their relations to the human organism. The soluble ammoniocitrate of bismuth is a very astringent and decidedly irritant remedy which, in our practice, has failed to prove itself of any special value.—*Therapeutic Gazette*.

IDIOSYNCRASIES.—There are probably very few physicians who have not from time to time been seriously annoyed by the idiosyncrasies of people in regard to drugs. These idiosyncrasies are without reason that can be discovered, and cannot be allowed for by any *a priori* judgment. Perhaps one of the most serious is the case of susceptibility to the action of mercurials which some people possess. We have seen a fraction of a grain of calomel cause a most frightful and really serious salivation. A very curious circumstance which we have noticed in one or two such cases is that blue mass was tolerated when the system exhibited the most violent reaction against calomel.

There is a very well-known practitioner in Philadelphia who is most violently affected by the odor of hyacinths. We have known a single sprig of hyacinth, put in his room without his knowledge, to cause in a few moments sick stomach, followed by violent, repeated retching, and great general depression, amounting almost to syncope. It would appear as though, if he were shut up in the room with a single hyacinth bulb in full bloom, it would cause his death. A curious feature of this case is, that the emanations will produce so much disturbance of his system without his perceiving the odor.

Another very curious idiosyncrasy that has come under our notice is in a lady who is thrown into fainting fits by eating the smallest piece of butter. We have known her tried by those who thought her condition was purely imaginative by placing a small piece of butter in a dish of mashed potatoes and giving her a tablespoonful, after telling her that there was no butter in it. In a very few minutes she fell off her chair in a condition of swooning.

Some years ago, one of the residents of the Pennsylvania Hospital was forced to resign, because the moment he went to work in the surgical wards he became afflicted with a crop of boils which would have disrupted the heart of Job with envy. It was only years afterwards that the unfortunate doctor discovered that the boils were produced by the emanations of turpentine, which was, at that time, used in the wards for cleaning off the skin of patients to which the adhesive plaster had remained.

Not long since there came into our office a gentleman to whom morphine was given for the purpose of relieving pain. Contrary to all expectations, a violent diarrhœa was produced by the alkaloid; indeed, so excessive was the flux that it was stopped with difficulty. In this case the idiosyncrasy appears to have been inherited, as the father of the patient was accustomed to use habitually paregoric as a laxative; a teaspoonful of this fluid taken at night would always produce soft evacuations in the morning.

As already stated, there is no way of foreseeing these peculiarities. It ought, therefore, to be the habitual practice on the part of the physician, when prescribing for a patient with whom he has not before been acquainted, to ask as to the existence of any such peculiarities, and to pay attention to the answers received.—*Therapeutic Gazette.*

THE LAPAROTOMY EPIDEMIC.—No more momentous question has been ventilated in our profession, nor one requiring greater coolness and decision in its treatment, than the justification or otherwise of those engaged in wholesale spaying, which seems, rightly or wrongly, to have become the fashionable craze of certain gynæcologists. Other language I fail to find which can adequately describe the condition assumed by Battey's ardent disciples. We hear Dr. Imlach opening his paper upon pyosalpynx with the remark "that every Monday, at two o'clock, I see out-patients at the hospital for women. If unable to attend, I were to tell the nurse to send into the hospital those women who suffered most and had been the longest ill, out of ten sent in, seven or eight would have some chronic inflammatory disease of the uterine appendages, and most of them would prove incurable without surgical treatment." And further on: "I have removed the uterine appendages one hundred and twenty-six times," all of which he considered in a diseased condition; on the other hand, we hear an authority like Dr. Grimsdale declare that the ovaries which he saw on one occasion removed by Dr. Imlach were perfectly healthy, and this was, I understood, the only time that he (the consultant of the institution) got the chance of being present. We also had the evidence of Dr. Alexander, who declared that out of the large number of *post-mortems* which he made at the Liverpool Workhouse, he very rarely found traces of this disease, although he had paid particular attention to the examination of the uterine appendages. Under these circumstances, does it not seem time to do something to stay the destroyer's hand, as even the removal of one set of healthy parts would, in the minds of honest men, counterbalance all the supposed good of the remaining one hundred and twenty-five operations, at which neither Dr. Grimsdale or any other man of equal erudition was present; had they been, possibly a few more healthy organs might have been discovered. Poor Baker-Brown in his day was quite as eminent a man as either of the gentlemen referred to; but alas! he fell for performing an operation trivial in its consequences compared to spaying. Dr. Tait and Dr. Imlach have attempted to draw conclusions from the results of their practice by comparison with those of two general hospitals; was this fair or generous on their part? I think not, as, I believe, at the Thornton ward diseased organs alone are interfered with; whereas, if I may again quote Dr. Grimsdale, healthy ones have (at least once) been removed in Shaw Street, so that if the same difference of practice exists in Birmingham, it may somewhat account for the disparity of death-rate, operative measures upon diseased subjects being necessarily more fatal than those performed upon perfectly healthy ones. If we dare make use of the analogy of the sow-gelder, he seldom loses a healthy pig, but has large mortality among diseased ones. The matter up to this has been misunderstood by the laity, but let it once become public that women are being unsexed (castrated) in batches, such as described by Dr. Imlach, and the exit of its authors (in this country) from the

scene will, I think, be as rapid and decisive as was that of the clitoridectomist. Before it is too late let them adopt the motto, if they may so apply it, *Appetitus rationi pareats.*—DR. JAMES M. BENNETT, *London Medical Press.*

THE CAUSATION AND TREATMENT OF SCARLATINA.—A valuable contribution to the literature of this subject is made by Dr. Whitla in the Dublin Journal of Medical Sciences, in which the writer summarizes pretty carefully the present state of our knowledge. The investigations of Pohl-Pincus, Klein, Eklund, and Octerlony are discussed, but the conclusion reached that, as yet, the living organism of scarlatina has not been demonstrated or isolated. Much still is known regarding its nature. It is the most tenacious of all contagions. It will survive heat up to near the boiling-point, and a freezing temperature does not destroy it. In England its virus is always more active in autumn. How does it enter the system? The writer cites cases where a lancet has carried the disease, but thinks in the great majority of cases the route of contagion is the pulmonary tract and the throat, first taking effect in the fauces. The ingestion of articles of food which have stood in the sick room appears, in some cases, to have caused the disease, so that it may possibly be absorbed by the stomach. The evidence that the disease may be communicated through the medium of a third party, the writer states is overwhelming. The carrying of the disease by clothing, toys, letters, flowers, and even locks of hair from the sick room are mentioned. Domestic animals are another medium. Regarding contagion by means of milk, the writer states that these cases have been found to be from the existence of the disease in the man who delivered the milk, the person who milked the cow, or, more often than either, the presence of scarlatina in the house where the milk was strained, mixed, or allowed to stand. No authenticated cases of disease in the cow were found. The author denies that scarlatina is even a drain disease, in the sense that the poison may be generated there *de novo.* There is not, even to his mind, satisfactory evidence that the general ill effects of bad sewerage render a patient more liable to the disease, or render the attack more virulent. The disease has continued to deepen in extent and gravity in the face of all modern improvements in sewage management. Emphasis is laid on the fact that it is the pulmonary and cutaneous exhalations which are the active agents in spreading the disease, and not the epithelial scales of desquamation. There is no doubt that the disease is highly contagious as soon as the rash appears, and analogy would render it at least probable that it may be conveyed during the period of incubation. Inoculation of animals with the scales of desquamation has almost always failed to produce scarlatina. The common rule of isolating scarlet-fever patients for six weeks, is considered a safe one; yet, if convalescence be retarded, it may be well to extend the period to nine weeks. Stress is laid upon three points: (1) The poison from the mildest case may produce the most deadly form. (2) In no disease is the part played by individual susceptibility so striking. (3) This susceptibility runs in families, and is often noticed in the most robust members. The period of incubation is believed to be shorter than is generally supposed. The writer is of the opinion that the rule is three or four days; numerous cases are referred to in which it was only one or two days. To prevent the patient from spreading the disease, rigid and immediate isolation, disinfection of everything which has come in contact with his person, anointing the body with some disinfecting ointment, scrupulous cleansing of the body with tepid baths, or sponging with a solution of Condy's fluid, are all things to be insisted on in every case. The writer has no faith in cutting short the disease by destroying the virus at its point of entrance, the throat, during the preliminary stage. It is compared to the excision of a chancre to prevent syphilis. Quinine and the sulpho-carbolate of soda are believed to do great good by reducing temperature, but do not shorten the disease. The reckless dosing with chlorate of potash is often productive of great harm, as is also the too free use of carbolic acid internally and about the patient; both are believed to increase the liability to renal complications. Great success is claimed for free and fearless purgation by croton oil and the use of the hot pack in treating uræmic convulsions. A dozen cases are mentioned as having been so treated successfully.—*The Physician and Surgeon.*

THE REQUIREMENTS OF THE SICK-ROOM.—J. Varnum Mott, M.D., Boston, Mass., in speaking of food, says: "We are called on from the very hour of birth to furnish appropriate food for nourishment, and when sickness occurs the twofold importance of this task is justly appreciated. Whilst, as a rule, each disease requires a special diet, dependent on several physiological indications, it will not be possible for us to consider more than very generally this subject. Milk ranks among the first articles ever known for sustaining life, and is generally liberally supplied by the natural laws; and when a woman fails to be able to supply her offspring with this essential commodity, there is something radically wrong. The beasts of the fields are thus enabled to nurture their young, and the first instinct developed is to seek that nourishment at the maternal fount. Hence milk is known to possess very valuable properties, and yet a milk diet is not to be directed for an adult without very careful consider-

ation, and its use must be very strongly indicated. Many are unable to properly digest milk unless diluted with lime water, and hence it is, although we recognize it as being very valuable, still it is capable of giving rise to certain functional disturbances which it is our duty as medical men to guard against. Beef tea will always very justly have its advocates, and for adults it is to be preferred to milk. Beef extracts, meat juice, etc., are favored by the profession, and are used as experience dictates. The very best preparation that I have extensively used is known as 'Valentine's Meat Juice.' It possesses the great advantage of always being ready for use; it serves best when taken cold, and I have yet to meet a case where the stomach will refuse to retain it, providing it be administered diluted (one teaspoonful to a wineglass of cold water), and fed to the patient by a teaspoonful at intervals of every two or three minutes until the above is given, when a small piece of ice may be allowed. There are numerous medicinal foods that are much vaunted, and all have their adherents. The 'Imperial Granum,' in my hands, has seemed to meet with all that is claimed for it, and experience has brought me to rely on its use where its special properties are indicated. In infantile diseases it has proved very efficacious, and I always direct its use when a child is being weaned. Koumyss has within the past few years been added to our list, and in some cases of gastric disturbances it has proved very valuable. Cocoa has been largely prescribed during the past few months, and, whilst it undoubtedly is a valuable tonic, still it should not be expected to take the place of food. Alcohol and various drugs are capable of exerting a stimulating effect, but should be used with great care, for there are many who today are addicted to its abuse who first indulged at the order of their physician. So in dealing with alcohol and opium there is a moral aspect that should enter into the consideration, and, if possible, I consider it much better policy to disguise its character when obliged by certain symptoms to employ it. Water is not very generally considered as food, but it certainly is under certain circumstances, and often can be retained when meat and everything else is rejected, and it serves the purpose of temporarily quenching the thirst in a case of fever. Eggs raw, or slightly boiled, are valuable adjuncts, and are very largely employed throughout the land, combined with milk. This is very sustaining and highly nutritious, and in most cases should be taken without any alcoholic addition. It is the duty of the nurse, as we have already observed, to attend the wants of the patient, but nourishment comes directly under the directions of the physician, and the nurse is looked to for their being properly carried out. We must never permit a patient to take a large quantity of food at any one time, but, on the contrary, he should be encouraged to rely on a small amount often repeated. Care should be taken that it be prepared in a manner calculated to tempt the appetite. Coaxing should, of course, be indulged in when necessary. The approximate amount of food and the time administered should be carefully tabulated. Absolute cleanliness should be observed in each detail, and each article should be prepared with great care, ever having it in view that it is for the patient. Fruit is indispensable to the sick room, and many there are who would thrive in every way on what might be termed a fruit diet. There are very few conditions that would of necessity prohibit the use of at least some kind of fruit, and generally this will prove more grateful and acceptable than anything else. In the present century we are enabled at no very great expense to avail ourselves of imported fruits during our winter months, so a very decided advantage is thus held over our ancestors, who, per force of circumstances, were unable to obtain any save native fruits. When broths are to be given let them be sufficiently hot, although not absolutely boiling, and have them carefully seasoned. When, on the contrary, cold drinks are ordered, care should be taken to insure their being reasonably cold. Nothing is so apt to discourage a nervous patient as bringing to his attention unpalatable food or drink; and in this we cannot exercise too much care, for we must remember the patient is fully supported in his objections and contempt at such edibles by the instructions given in Revelations iii. 16: 'Because thou art lukewarm, and neither hot nor cold, I will spew thee out of my mouth.'"—*The Microcosm*, New York, February, 1886.

THE CAUSE OF ELEVATED TEMPERATURE.—In an article in the New Orleans Medical and Surgical Journal, Dr. John B. Elliott, Professor of the Theory and Practice of Medicine, Tulane University of Louisiana, says:—

From the nature of the forced change involved when chemical energy transforms to tissue-building force, we are entitled to regard it as the most important of all the physiological processes of the body. In it energy becomes constructive, while in all other processes it is destructive. Its control and regulation must, therefore, be considered the highest function of the automatic centres.

It remains further to insist, in this connection, upon the strict quantitative relation existing between chemical energy which undergoes transformation in the body and the modes of force into which it is changed. This may be illustrated numerically by the following: Suppose an amount of chemical energy, represented by the number 12, to undergo transformation into work, heat, and tissue-building force; then the value of the

work, heat, and tissue-building force in their sum, can never vary from twelve.

Furthermore, if we suppose in this case that the amount of energy expended in automatic muscular work=3; the amount contributed to normal body heat=3; and the amount devoted to tissue-building=6, then any change in the quantity of one of these forms must compel answering changes in the others. As the work (=3) is usually a fixed quantity, we may neglect it for our present purpose and confine our attention to the other two. Let us suppose, then, that the transformation of chemical energy into the highest form (tissue-building force) falls, through failure of the nervous system, from 6 to 4, then from the law of the conservation of energy, the value of the lowest (heat) must rise from 3 to 5; for tissue-building is a vital constructive process, sustained by nerve energy, and can cease immediately if that supporting power be withdrawn, while combustion is a chemical process and will not cease until the matter at its disposal shall be consumed. Anything, therefore, that arrests tissue-building must elevate temperature; or, anything that prevents chemical energy from passing into its highest transformation, tissue-building force, compels it to appear in its lowest form, heat.

In considering thus the mode of disintegration of the cell with which we began, we have practically reached an explanation of fever-heat. Yet before explicitly stating the theory we will better prepare for it by glancing at the mode of growth of our cell.

Every cell is an area of nervous influence. As the development of each cell begins from its parent cell, it too is born into and grows within the same influence. From the pabulum which comes to it food is selected through this influence both in kind and quantity, and of the chemical force which is being transformed about it this nervous control determines the amount which it is to appropriate, and the form it shall assume. Its whole life history is an unbroken play of forces as they build up the matter of its form under the control of nervous influence. The most important fact in its history is the lifting up of pabulum into the substance of its tissue molecules. As long as its healthy growth continues, the transformation of chemical energy into normal heat, and into tissue-building force, goes on under the even control of the nervous system. But let some disaster befall the controlling centres, and the tissue-building receives a check. The energy it was absorbing fails to reach its higher destination and appears as additional heat.

The remoter effect of this loss of nervous force, and the direct effect of the additional heat thus liberated, need some attention. The same nervous energy which sustains the development of a growing cell sustains also the integrity of the maturer cells about it. These perfected cells are in a state of unstable equilibrium. In almost equal balance, destructive forces and constructive forces are playing about them. In the natural order of events they are destined after their brief life is run to fall to pieces and go into disintegration as the last link in their functioning lives. But the nerve energy which supports them through this period is the only power which insures them their natural term of life. Take away this support and death and disintegration begin before their time.

Thus, more results from the loss of nerve-power than the simple checking of tissue-building. Arrested growth in developing cells means also premature death and more rapid disintegration in the mature cells. This last accident is likewise hastened by the increased heat which results when tissue-building ceases. Sensitive as are all delicate tissues to elevation of temperature, they become far more so when the nerve power which sustains them is withdrawn. Their death and disintegration is thus doubly hastened by the same nerve failure which checks tissue-building.

In what has been already said, our theory of elevated temperature has already found expression. It only remains to sum up the propositions discussed, and from them to formulate our theory. These propositions are:—

1st. Fever is not the expression of a disturbing agent, but of a thing disturbed.

2d. This "thing disturbed" is the nervous centre (or centres) controlling the distribution of the chemical energy within the human body.

3d. This chemical energy within the body is distributed into the forms of heat, automatic work, and tissue-building force of which heat is the lowest, and tissue-building force (since it is constructive) the highest form.

4th. Depression of the centre controlling these transformations causes it to fail in its highest function, tissue-building.

5th. As combustion goes on though tissue-building ceases, the energy which was destined for tissue-building force has now to appear as the lower form of heat.

6th. The same nerve failure which arrests tissue-construction and gives rise to heat favors also the breaking down of the tissue already formed, this latter process being likewise hastened by the elevated temperature.

From these our definition may be drawn as follows:—

Fever results from a depression of that nervous centre which controls the distribution of energy within the body, on account of which depression tissue-building ceases, and the energy destined to perform that act passes off into the lower form of heat. From this same failure of nerve-power, and from the heat resulting, tissue-destruction in the body is usually increased.—*Gaillard's Med. Journal.*

BOOK REVIEWS.

The Essentials of Vaccination; a Compilation of Facts Relating to Vaccine Inoculation, and its Influence in the Prevention of Smallpox. By W. A. HARDAWAY, M.D., Professor of Diseases of the Skin in the Post-Graduate Faculty of the Missouri Medical College, etc. St. Louis, Mo.: J. H. Chambers & Co., 1886.

This interesting volume contains an account of the discovery of vaccination, a reference to the occurrence of variola in animals, and an elaborate discussion of the merits of the different methods of performing vaccination. It also contains a chapter on the dangers of spurious vaccination, and a chapter on the fallacies of the anti-vaccinationists.

Materia Medica and Therapeutics for Physicians and Students. By JOHN B. BIDDLE, M.D., late Professor of Materia Medica and Therapeutics in the Jefferson Medical College, Philadelphia. Tenth edition, revised and enlarged, by CLEMENT BIDDLE, M.D., U.S.N., and HENRY MORRIS, M.D., Fellow of the College of Physicians, Philadelphia, etc. With numerous illustrations. Philadelphia: P. Blakiston, Son & Co., 1886.

The well-deserved popularity of Biddle's Materia Medica and Therapeutics is due to its concise, but comprehensive character. It contains a brief but complete description of the source, nature, uses, and dosage of every article of value in the materia medica. Nothing of importance is ignored, but lengthy and useless speculations are avoided. The tenth edition, just issued, has been revised and enlarged by the insertion of articles on all the recent additions to medical knowledge. Therapeutics has been given the prominence which it deserves. Full consideration has also been given to the physiological action of medicines.

The Surgery of the Human Brain. By JOHN B. ROBERTS, M.D., Professor of Surgery in the Philadelphia Polyclinic. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable monograph contains the address read by Professor Roberts before the American Surgical Association last year. It is an earnest plea for the inauguration of an active policy in the treatment of cerebral injuries, and is worthy of the attention of all progressive surgeons.

A Treatise on Bright's Disease of the Kidneys, its Pathology, Diagnosis, and Treatment. With chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By HENRY B. MILLARD, A.M., M.D. New York: William Wood & Co., 1886. Second edition, revised and enlarged.

This valuable work is the result of thirty years of extensive hospital and private practice, and fully deserves the praise which has been bestowed upon it. It contains an exhaustive review of the pathology, etiology, symptoms, and treatment of the various forms of acute and chronic nephritis. That portion of the volume which is devoted to treatment is almost encyclopædic in character, and contains many suggestions based on personal experience, which will prove invaluable in the management of these affections.

The Adirondacks as a Health Resort. By JOSEPH W. STICKLER, M.S., M.D. New York and London: G. P. Putnam's Sons, 1886.

The author of this interesting little book directs attention to the importance of a fact which is frequently overlooked—the value of climate in the treatment of disease. There are but few morbid conditions in which the importance of the selection of appropriate remedies has not been insisted on with emphasis by the great teachers of medicine, but the value of a suitable climate has not received the attention it deserves. The action of drugs is only transient, but the exhilarating and bracing influences of pure mountain air are exerted continuously, and slowly but surely fortify the system against the inroads of disease.

The climate of the Adirondacks appears to be especially suitable for those who are suffering from chronic bronchitis, chronic pneumonia, incipient or passive consumption. It is also of value in the treatment of insomnia, neurasthenia, chorea, anæmia, and all disorders of weak or imperfect nutrition.

Practical Notes on the Treatment of Skin Diseases, II., Eczema. By GEORGE H. ROHE, M.D., Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons. Baltimore: Published by the author.

This valuable monograph contains a concise but complete description of the symptoms, pathology, etiology, diagnosis, and treatment of that most frequent and annoying disease of the skin—eczema. The author writes from the standpoint of the practical physician, and has presented the results of a wide experience in a readable and instructive manner.

A Compend of Human Physiology. By A. P. BRUBAKER, A.M., M.D. Third edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1886.

The value and popularity of Dr. Brubaker's compend of physiology is sufficiently attested by the fact that a third edition has been issued within two years from its first publication. It contains all the essential facts of physiology, arranged in the manner best adapted to permanently impress themselves upon the minds of its readers.

Diseases of the Ear. By OSCAR D. POMEROY, M.D., Surgeon to the Manhattan Eye and Ear Hospital, etc. Second edition, revised, with additions. New York: D. Appleton & Co., 1886.

The first edition of this work appeared about two years ago. The second edition is slightly enlarged, and many changes have been made. It comprises about four hundred pages of well-written matter. Dr. Pomeroy's style is clear and simple. The illustrations—of which there are one hundred—are, on the whole, fair. We judge, from the appearance of two or three, that the photographs from which the cuts were made were not superior ones; but we are also well aware, that to obtain a good photograph in clinical work is by no means always possible. A poor photograph is sometimes better than a good diagram. The author is especially clear in his treatment of the subject of therapeutics. He strongly advocates the employment of the syringe, and that only in removing impacted serum from the ear; stating that in one hundred cases he had used other means but once. Warm water is the material he uses in general. In speaking of the management of the naso-pharyngeal space in chronic aural catarrh, he does not speak very favorably of the use of Thudicum's douche, for the reason that water is sometimes sent into the ear by its use, causing, occasionally, violent inflammation of the tympanum, with rupture of the drum membrane, and even extension to the mastoid cells. For years the doctor has discarded the probang, brush, and cotton on a holder, for applications to the upper pharyngeal space. The spray instrument, with a tip for throwing the spray upward, is the one he uses. Nitrate of silver, in solutions of various strength—from weak up to the saturated solution—seems to be the great remedy in Dr. Pomeroy's therapeutics. Some of the applications of his stronger solutions impress one as being rather heroic, especially if employed by those of less experience than the doctor. When speaking of the treatment of chronic suppurative otitis, amongst other remedies, he discusses boracic acid and extols its virtues. In support of his views, he presents notes on a number of cases treated by filling the meatus with finely powdered boracic acid. The author, in this connection, gives the results of the boracic acid treatment in one hundred and thirty cases, of which in seventy-five the discharge ceased without other remedies. The shortest duration of successful treatment was six days; the average duration in successful cases, three weeks. Dr. Pomeroy reports one case where deafness seemed to depend on mental and nervous exhaustion. The interesting subject of deafness from mumps, is accorded more space than is usual in text-books. The clinical aspect of this work is worthy of note. The subjects treated of are well illustrated with notes of cases, thus imparting to the book a life which nothing else can give.

Local Anæsthesia in General Medicine and Surgery. Being the Practical Application of the Author's Recent Discoveries. By J. LEONARD CORNING, M.D. New York: D. Appleton & Co., 1886.

The author's method of local anæsthetization, as set forth in this little volume, is simply to retain the cocaine in contact with the part to be anæsthetized by cutting off the circulation in those parts. Believing that the transient character of the local action of the cocaine when injected subcutaneously, depended upon the fact that it was carried rapidly away by the circulating blood, he devised the expedient of preventing rapid diffusion by checking the rapidity of the circulation. After experimenting upon various methods, the doctor arrived at the methods so well described in the little work before us. The book merits careful consideration, as being an interesting and practical original contribution to surgery.

Twelfth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the Fiscal Year ending September 30, 1884. Lansing, Mich.: W. S. George & Co.

The report is arranged in two parts. "The first contains the secretary's report of work of the Board, the annual report of property, including accessions to the library, with names of donors, and certain special reports and communications. The second part contains eighteen papers, abstracts, and reports, mostly by members of this Board, fifteen of which were prepared in the office of the secretary." There are supplements to the report, containing proceedings and addresses at the sanitary conventions held at Ionia, December 13th and 14th, 1883, and at Hillsdale, April 17th and 18th, 1884.

Guide to the Examination of the Urine, with Special Reference to the Diseases of the Urinary Apparatus. By K. B. HOFFMAN and R. ULTZMANN. Second edition. Translated and edited by F. FORCHHEIMER, M.D. Woodruff, Cox & Co., Publishers, 72 West Fourth Street, Cincinnati.

Viewed from a general standpoint, the book before us may be said to be quite an improvement over the majority of the smaller works on urinary examination. The subjects treated of are nicely arranged, beginning, as the book does, with the histology of the urinary apparatus, followed by a study of the secretion of urine. The physical properties, chemical composition, and sediment, both in health and disease, claim their respective shares of attention. We think, how-

ever, that there is room for improvement in several of the illustrations; some of the casts, for example, are not so true to nature as desirable. The seventh chapter is devoted to general diagnosis as revealed by urinary examination, and the eighth, to diagnosis of diseases of the urinary apparatus. Thus, fifty-four pages are given to the practical application of the foregoing studies. Looked at from a clinical standpoint, the book certainly posseses great merit. Throughout the work are pointed out the practical applications of the knowledge derived from the examinations. The index—a most important part of a book—seems to be complete.

First Annual Report of the State Board of Health of the State of Kansas. 8vo., pp. 183, Topeka, 1886.

The volume gives the information usually found in State reports, and the suggestions in preventive medicine are good.

Drainage for Health, or Easy Lessons in Sanitary Science. 8vo., pp. 74. By JOSEPH WILSON, M.D., Medical Director, U.S.N. Philadelphia: P. Blakiston, Son & Co., 1886.

A readable book, full of good advice for city and country house owners. Its style is good, and the price ($1) nothing, considering its worth.

The Methods of Bacteriological Research. By FERDINAND HUEPPE. Translated by HERMANN M. BIGGS, M.D. 8vo., pp. 218. Illustrated. New York: D. Appleton & Co., 1886.

To the student who desires to gaze upon the terrible germs which kill so many of us to-day, but whose progenitors spared our ancestors, this volume will be welcome. The author gives the means of discovering and developing all the known micro-germs, and he has evidently been enthusiastic in his labors. To the English reader the book is valuable, no other taking its place.

NEW PUBLICATIONS RECEIVED.

Typhoid Fever in Philadelphia, by Henry Leffmann, M.D.

Fracture of the Coracoid Process, by J. Wellington Byers, M.D., Charlotte, N. C.

The Organization of Local Boards of Health, by Benjamin Lee, A.M., M.D., Philadelphia.

Dermatitis Ferox, by J. L. Milton, M.D. Reprint from the Edinburgh Medical Journal.

Esthetics of Medicine, by H. A. Cottell, M.D. Reprint from The American Practitioner and News.

Puerperal Pyrexia, by George P. Andrews, M.D., Detroit, Mich. Reprint from the American Lancet.

Clinical Lecture on Orthopædic Surgery, by A. Sidney Roberts, M.D. Reprint from The Medical News.

Report of a Case of Cæsarean Operation, with Some Comments, by Edward W. Jenks, M.D., Detroit, Mich.

Supernumerary Mammary Glands and Nipples; Three Cases, by William A. Edwards, M.D., Philadelphia. Reprint from The Medical News,

Southern Florida; A Winter Sanitarium, by William A. Edwards, M.D., Philadelphia. Reprint from The Philadelphia Medical Times.

Report of a Case of Hydatiform Pregnancy, by E. J. Doering, A.M., M,D., Chicago, Ills. Reprint from The Chicago Medical Journal and Examiner.

A New Departure in Uterine Therapeutics. The Dry Treatment, by George J. Engelmann, M.D., St. Louis, Mo. Reprint from St. Louis Courier of Medicine.

Cocaine in Hay Fever. A Lecture Delivered at the Chicago Medical College, by Seth S. Bishop, M.D., Chicago, Ills. Reprint from Journal of American Medical Association.

Catarrh of the Upper Air-Tract, Especially its Effects on the Ear, with Suggestions as to Treatment, by Samuel Sexton, M.D., New York. Reprint from The Medical Record.

Copies of the Report of Dr. Edward Arning to the Hawaiian Board of Health, and the Correspondence Arising Therefrom. Reprinted by the Hawaiian Gazette Publishing Company, Honolulu.

What is Medicine? The Annual Address Delivered before the American Academy of Medicine, by Albert L. Gihon, A.M., M.D., Medical Director, U. S. Navy, President of the Academy.

Note-Book for Cases of Ovarian and Other Abdominal Tumors, Adopted from the Note-Books of Sir Spencer Wells, by John Homans, M.D., Clinical Instructor in Harvard College. Cupples, Upham & Co., Boston, Mass.

COMMERCIAL NEWS.

English and American Infants'-Food.

Dr. Stutzer, of Bonn, Germany, food analyst for Rhenish Prussia, in a report of experiments to ascertain the comparative value of English and American infant foods, says: Carnrick's Soluble Food is the best of all foods examined. It excels the other foods by its greater amount of nitrogenous substances (18.22 per cent.) and by a rationally relative proportion (1:4.4) of its essential constituents. It also contains a larger quantity of the bone-forming inorganic substances, and of the solid constituents of milk.

According to the statement of the manufacturer, the milk entering into this food is previously treated with Pancreatine, thus rendering the casein more easy of digestion. This certainly is a very rational method, and, as far as I know, is applied by no other manufacturer of Infants' Food. It is also very pleasant to the taste.

Uterine Tonic.

I have tested Aletris Cordial (Rio) and find it to be an excellent Uterine Tonic.

Durell, Pa. F. A. Thompson, M.D.

Improved Nutrients.

Often the most puzzling problem presented to the physician in the treatment of grave diseases, accompanied by great enfeeblement of the digestive functions, is the selection of a suitable nutrient. Such a food must necessarily contain in the most easily assimilable form, the most highly nutrient principles, and must be either devoid of taste or sufficiently palatable to please the most sensitive palate. To this end manufacturers have long been experimenting, and not a few now profess to prepare a food adapted to every condition of feeble digestion, whether due to lack of development of the digestive organs, as in the young infant, or to loss of tone and function through disease. Indeed, the difficulty now seems to be for the physician to select from an embarrassment of riches. It is needless to remind the intelligent physician that, to do this acceptably, he must study the individual case, determine the portion of the digestive apparatus at fault, and endeavor artificially to assist the functions of the enfeebled organ. With this knowledge of the case before him, the patient's like or dislike for a food will afford a further guide to selection, for it not infrequently happens that of several pre-digested foods offered, one alone may be acceptable to the patient and admit of being administered continuously for any considerable period.

Since beef-tea, which for a long time was the chief nourishment afforded the sick, has been looked upon with less favor, a rational study of the question of condensed nutriments has resulted in the preparation of a variety of excellent foods, among which we may specially mention Powder of Beef and Peptonized Extract of of Beef, prepared by Messrs. Parke, Davis & Co.

A great advance in the dietetics of the sick room was also made when pharmacists placed before the medical profession the means of conveniently peptonizing and pre-digesting various foods at will. Thus, with the peptonizing and digestive tablets furnished by the pharmacists mentioned above, such food as milk, gruel, oysters, wine, jelly, etc. may be peptonized by the physician or nurse prior to administration. Without disputing the role played by drugs in modifying the course of disease, most thoughtful observers will grant that their place in the cure of disease scarcely ranks higher than that of carefully selected nutrients, and that, other things being equal, that physician treats his patient most successfully and acceptably who selects for him a palatable and nutritious diet suited to the stages of his malady.—*New York Medical Journal*, March 6, 1886.

Night Sweats.

I have tried Kennedy's Pinus Canadensis, and it afforded much relief in the debility marked by profuse night sweats in a consumptive.

Barrie, Can. E. B. Cropton, M.D.

It Will Pay You.

It will pay you whenever you find by experience that a preparation made by one manufacturer will do good work for you, to prescribe only that particular preparation made by that particular manufacturer, and not to let your local druggist substitute some other preparation, otherwise your reputation will suffer.

It will pay you to try Bromidia, as it certainly is the best hypnotic,

It will pay you to try Celerina, as it is by all odds the best nerve tonic.

It will pay you to try Listerine, as it is without doubt, the safest, most pleasant, and best antiseptic.

It will pay you to designate the name of the manufacturers in all your prescriptions, and to keep your eyes open, read all the advertisements in the medical journals, look out for your reputation by trying to get hold of the best preparations, and do not be influenced by your druggist.—*Medical Brief.*

Colden's Liquid Beef Tonic

is a first-class preparation, containing not only the nutritive qualities of the beef, but the permanent tonic properties of iron, quinine, etc. For immediate life-giving properties it can hardly be surpassed.—Dr. C. A. Bryce, Editor *Southern Clinic*, Richmond, Va.